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INDIVIDUAL MEANING AND ITS ROLE IN

OCCUPATIONAL THERAPY

A DISSERTATION

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

IN THE GRADUATE SCHOOL OF THE

TEXAS WOMAN'S UNIVERSITY

COLLEGE OF HEALTH SCIENCES

BY

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DENTON, TEXAS

AUGUST 2005

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I am submitting herewith a dissertation written by Verna G. Eschenfelder entitled "Individual meaning and its role in occupational therapy". I have examined this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctorate of Philosophy with a major in Occupational Therapy.

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## DEDICATION

This work is dedicated to:

Gabrielle, Gavin, Emery

Nicole, Jake,

& Joey

who bring so much meaning to my life.

## ABSTRACT

VERNA G. ESCHENFELDER

INDIVIDUAL MEANING AND ITS ROLE IN

OCCUPATIONAL THERAPY

AUGUST 2005

The purpose of this line of research is to begin a process of query through three related studies in the area of individual meaning and its role in occupational therapy practice. These studies have been designed so that they allow the author to focus on this topic from the perspective of a variety of participant populations. The first naturalistic study explores the meaning-making process of individual, community based women from different age groups in an attempt to identify how the individual creates and interprets meaning through their daily life experience over time. Results led to the development of the Client Centered Evaluation.

The second study involved secondary analysis of a previous study that included participants who were patients at a skilled nursing unit and were receiving OT services. The CCE was used as a tool to assess and help the client set personally meaningful goals by collaborating with the OT. The concept of Meaning Based Intervention was developed based on the process and substance of data gained from these study participants.

The third study in this line of research focused on the therapist's perspective with regard to the role of individual meaning-making, and the inclusion of meaning-based treatment approaches with occupational therapy clients. The findings from this study led to examination of factors that facilitate and barriers to inclusion of Meaning Based Intervention in occupational therapy.

Occupational Therapists can use this line of research to help them gain insight into clients personally meaningful life experiences and incorporate this into the goal setting process. Therapists must use their clinical judgment to help clients develop to help clients identify the meaningful nature of past occupations and how these occupations may have changed over time as a result of illness or injury which brings them to the OT treatment setting. OTs can play a unique role in helping clients make connections between meaningful roles, relationships, responsibilities and goals directed at engagement in desired meaningful occupation.

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# CHAPTER I

## INTRODUCTION

A fundamental component of occupational therapy philosophy, theory, and practice involves recognition of the importance of an individual's meaningful daily life experiences. As occupational therapists, we are often interested in facilitating the development of skills and abilities which allow clients to achieve or return to their meaningful occupations and activities. Since occupation includes the associated meanings of activity, the term meaningful occupation was used to help delineate the generally understood term, "occupation" from the use of this concept as it is specifically related to this line of research. The issue of how occupational therapists come to recognize activities and experiences which are meaningful to our clients, and how we go about incorporating this understanding in today's practice environment is the central focus of this investigation.

The purpose of this line of research is to begin a process of query through three related studies in the area of individual meaning and its role in occupational therapy practice. These studies have been designed so that they allow the author to focus on this topic from the perspective of a variety of participant populations. The first naturalistic study explores the meaning-making process of individual, community based women from different age groups in an attempt to identify how the individual creates and interprets meaning through their daily life experience over time. A purposive sample of four adult

participants was interviewed in their homes using a guided interview format in 1995 were interviewed again in 2002. Interviews were taped and transcribed, then analyzed on an individual case basis, and then by cross-case comparison of relevant categories of information which emerged.

In 1996-1997, a group of eight elders from a local Skilled Nursing Unit (SNU) were selected for participation in a study entitled “Outcomes of Protocol-Based and Adaptation-Based Occupational Therapy Interventions for Low Income Elders on a Transitional Unit”. Data were collected from the elder patient, their family member or caregiver, and their primary occupational therapist at the SNU. The next study described here will involve a secondary analysis of this collected data in an attempt to further identify the participant’s personal meaning of the illness, injury or disability, current and past roles, responsibilities, activities, and relationships. The data gathered from the family and therapists provides information about the family member’s and therapist’s perceived meanings as they relate to their role as caregiver, family member or therapist. Raw data were documented with written notations and interviews were taped and transcribed. Four sets of these data were re-analyzed for content themes related to the meaningful activities, relationships, roles and responsibilities and the congruence of understood meanings identified by elders, family or caregiver, and therapists.

The third study in this line of research focused on the therapist’s perspective with regard to the role of individual meaning-making, and the inclusion of meaning-based treatment approaches with occupational therapy clients. Two groups of 4-6 occupational

therapists were identified and selected for participation in a focus group format.

Participants were identified from the local community and were selected based on their willingness to engage in reflective thought while discussing their opinions on the topic presented. The format involved a guided topic style of questioning designed to encourage active participation from all participants. The sessions were taped, transcribed, and analyzed for content related to the following: professional relevance of individual meaning-making; descriptive differences between the participants; expressed qualities of meaning-based evaluation and treatment; perceived level of administrative support for meaning-based intervention; and other themes that arose during focus group discussions.

These three studies are linked by a progression starting with people from the community, then OT clients in a skilled nursing unit, then the treating occupational therapists. The outcomes of the first study included increased understanding of the way in which people identify and create meaningful occupation based on their daily life experience as well as their developmental stage in life. Another outcome from this study involved the development of the Client Centered Evaluation (Eschenfelder, 1993), which was based on both the method used and knowledge gained from the first study in this line of research.

The second study involved secondary analysis of a previous study that included participants who were patients at a skilled nursing unit and were receiving OT services on this SNU. The CCE was used as a tool to assess and help the client set personally meaningful goals by collaborating with the OT. The concept of Meaning Based

Intervention was developed based on the process and substance of information gained from study participants. Meaning Based Intervention (MBI) is OT evaluation, goal setting, and treatment which are based on the client's personally meaningful occupation/s. Consideration is given to changes over time and life circumstances. The process begins with collaboration between client, family and OT for the purpose of identifying and assessing meaningful occupation/s during the initial evaluation, goal setting based on priorities & abilities of the client, and treatment directed toward the client's goals.

Finally, questions regarding perceived benefits of MBI as well as barriers and factors which facilitate inclusion of MBI in treatment or work settings were examined through the use of focus groups with OTs from wide, evenly dispersed range in years of experience, practice settings and professional roles.

The original question of this line of research was based on perceived incongruence between OT client's treatment goals and their personal descriptions of meaningful activities from their past. The significance of this line of research is that it allows those in the profession to make better connections between life roles, meanings of activity, how these meanings change over time, and the goal setting process in OT practice. This line of work also has the potential to help us understand differing perspectives on those things which are meaningful from the perspective of clients and their therapists. It is expected that these studies will also help to increase awareness of barriers to inclusion of MBI in OT settings.



## CHAPTER II

### BACKGROUND AND SIGNIFICANCE

Occupational therapists place importance on activities which are meaningful to the individual client. The idea of how people make meaning of their life activities, roles, relationships, and responsibilities is referred to both implicitly and explicitly throughout the occupational therapy literature. Yerxa (1991) describes scholarship as one aim for the profession which is necessary for promoting occupational therapy to the level of a discipline. Wood (1996), refers to a phenomenon in the profession as movement from “knowledge of” to “knowledge that”. “Knowledge of” refers to the kind of tacit knowledge that many occupational therapists rely on during daily clinical treatment. “Knowledge that means that the ‘knowers’ consciously understand what they know, and, as a result, can explicate, communicate, and empirically investigate their knowledge”(Wood, 1996, p627). Scholarly activities in occupational therapy which contribute to the area of meaning-making allow occupational therapists to more clearly articulate the relationship between individual meaning making and participation in meaningful occupation.

#### *Occupational Therapy Philosophy*

Much of the scholarly work in occupational therapy includes ideas which clearly imply elements of individual, cultural, or contextual meaning. Meyer (1922), describes a value or meaning that is placed or given to the time and the “wholesome rhythms” of

activities. Meaning-making is implied as being inherent in the processes involved when individuals actively create an adaptive response based on self-initiation and choice. In this, the “doing” which is a part of this process has implications for the self-actualization of the “doer” who is performing the adaptive response (Fidler & Fidler, 1978; King, 1978; and Yerxa, 1967).

Intrinsic motivation and personal satisfaction based on needs, desires, and abilities is recognized as an essential component of involvement in personally meaningful activities for clients of occupational therapy (Fidler, 1981; Florey, 1978). Yerxa (1992) discusses interaction of the individual with the environment as leading to the setting of personal goals and the assignment of purpose to involvement in activity. Trombly (1995), states that occupation as an end is purposeful, but for it to be meaningful it must be based on the clients’ own experiences. She emphasizes that the therapist working with the client must verify the individual meaningfulness of participation and not substitute the therapist’s own values and sense of meaningfulness. Nelson (1996) discusses purpose as only being possible after meaning is made; and purposeful activity is directly related to the individual’s goals, desires and intentions. He describes a meaning making process as occurring when an individual interprets an “occupational form”, which in turn has an effect on the occupational performance of the individual (Nelson, 1988).

### *Occupational Therapy Theory*

Another level of work in occupational therapy which contributes to the area of meaning-making is based on the work of theorists who describe conceptual models that

incorporate components which are essential in the process of meaning-making. Included here is the work of Nelson (1996, 1988), and his conceptual organization of occupational form and occupational performance as they relate to a process of meaning-making in which occupational performance is dependent on the individual's interpretation or the meaning of the occupational form. Fidler's (1996) Life-style Performance Profile is based on a conceptual model which includes meaningfulness of daily life activity patterns.

Occupational Science, The Model of Human Occupation, and Occupational Adaptation offer conceptual models or frameworks that provide especially intriguing contributions to individual meaning making. Occupational Science, with its description of life domains and internal human subsystems, offers a model that incorporates components of meaning-making. The human subsystems which influence occupational performance include the following: physical, biologic, information processing, socio-cultural, symbolic-evaluative, and transcendental (Clark, et, al, 1991). These human subsystems allow occupational behavior which is elicited by and provides feedback to the environment. The symbolic evaluative subsystem which relates to symbolic meaning, value systems, and the meaning of communication; and the transcendental subsystem which is concerned with the meaning the person ascribes to his or her life experiences and that impels him or her through life are the most directly related to individual meaning-making (Clark, et, al, 1991).

Kielhofner's (1996) Model of Human Occupation describes the person as an open system acting in an open system with the environment, the occupational behavior setting,

and the occupational performance, all within a loop which provides continuous feedback. The human subsystems are described as volition, which is the subsystem primarily involved in meaning-making through personal choice; habituation, which is related to meaning-making through internalized roles; and performance or “mind, brain, body”, which relates to the issue of development in individual meaning-making.

Occupational Adaptation describes a process of formulation of an adaptive response to an occupational challenge through interaction of the person and their desire for mastery, with the environment and its demands for mastery (Schkade & Schultz, 1992; Schultz & Schkade, 1992; Spencer, Davidson, & White, 1996). The person systems involved include the sensorimotor, cognitive, and psychosocial systems. The occupational environment involves the physical, the social, and the cultural systems. An individual occupational response is generated through interaction between the person and the occupational environment. For the development of an adaptive repertoire to occur, the individual must make meanings, so that adaptive responses can be made, evaluated, changed or incorporated over time.

### *Occupational Therapy Practice*

In practice, therapists are usually involved with clients who are experiencing some type of loss or change in functional status. Clinical practice offers access to clients who are facing meaning-related issues. Life roles and domains, activities, relationships, and experiences are important areas for discovering individual meanings for clients. Client centered practice has been described as being necessary in assessing an individual

client's personal needs, abilities, and situations to allow the client to identify personal therapy goals (Pollock, 1993; Tickle-Degnan, 2002; Melville, Baltic, Bettcher, Nelson, 2002). The growing use of narratives allows therapists to explore these meanings in a clinical setting because it gives investigators in this setting, a way to explore client's explanations and descriptions in the client's local context (Miles & Huberman, 1994). It is vital that through clinical practice, occupational therapists attend to these issues and verify their understanding of expressed or implied meanings with the client (Burke, 1996; Clark et al, 1996; Peloquin, 1996; Trombly, 1995; and Wood, 1995).

There is increasing concern regarding adjustment to managed health care in OT settings. OTs find that practice changes as a result of increased pressure to meet demands from third party payers have led to ethical concerns related to the importance of reimbursement vs. therapy goals for individual clients (Walker, 2000; Royeen, Duncan, Crabtree, Richards & Clark, 1999).

Occupational therapists can be particularly well equipped to study the interpretive process involved in practice and research related to individual meaning making (Mallinson, Kielhofner, & Mattingly, 1996; & Wood, 1996-a). Ideas such as adaptation, agency, intrinsic motivation, volition, purposefulness, and the meaning of occupational forms, are closely related to individual meaning of daily life activities. While progress in the use of formal naturalistic inquiry has been made by those in the profession, a deeper understanding of the philosophical base as well as the practical use of this type of research will contribute to increased knowledge in the area of individual meaning making (Frank, 1996; Polkinghorne, 1996).

In Victor Frankl's (1984) Man's Search for Meaning, one finds a detailed description of the author's personal experiences in a concentration camp during World War II. He organized a way of understanding and responding to suffering. Frankl views life's transitoriness, or things which seem to take meaning away from one's life, including suffering, loss and, dying, as a way of becoming more fully human. Frankl believes that man actualizes his own personal meaning in life through the actions or attitude he chooses in any given set of circumstances. Each person must take responsibility for making meaning through action or attitude in the case that one is not capable of action; one's "will to meaning" is seen as the primary motivation in life. Frankl describes meaning, which one makes for oneself as well as a "super-meaning", which is considered to be beyond the intellectual capacities of man. Frankl (1984) bases his theories on meaning in the response to suffering that comes from loss.

Mihaly Csikszentmihalyi (1975) was greatly influenced by Maslow's work on intrinsic rewards and the literature on play. He rejected the theories of activity based on a deficit models which assume a limited number of physiological states. He proposed that all behavioral theories reduced enjoyment to the level of satisfaction of basic need and that for this very reason, there can be no true satisfaction in the action itself. He described play as offering a different picture of motivation in which the extrinsic rewards of a closed system do not necessitate activity, but that activity is more likely to occur in relationship to intrinsic rewards of the activity itself.

Csikszentmihalyi proposed a theoretical model of the Flow State, in which the level of perceived challenge is balanced with perceived level of skill. He applies this theoretical model to a wide spectrum of activities - from everyday activities, called micro-flow activities, to unusual or uniquely pleasing activities, called deep-flow activities. The author offers the opportunity to look at the meaning of activity itself as compared to the highly individual meaning that comes from involvement in the process of participation in an activity.

Robert Kegan, (1982), strongly influenced by the work of Piaget and Kohlberg, had an interest in the highly personal process of learning, and about how much can be understood about a person by understanding their meaning system. Kegan was also frustrated with the polarized views of the person as a meaning-maker, which were held by those of the psychoanalytic tradition, and those held by the existentialists. He felt that this polarization led to the inability for either group to fully attend to the following issues: 1) the process of development; 2) the inner experience of development or; 3) the emotional life of the individual meaning-maker. Kegan saw Piaget as addressing the physical and intellectual development, and Kohlberg as addressing the sociomoral development of the individual. From this, Kegan comes up with his own theory of psychological development.

Kegan suggests that the way a person makes meaning depends on his developmental level. The motion of development is propelled by the desire of the individual to make sense or meaning of his world. The meanings that the individual

creates can at times, make his current way of viewing the world uncomfortable, and this in turn leads to further development that arises in attempting to resolve the distress. At the heart of this distress is a life long tension between yearnings for differentiation alternating with yearnings for inclusion. Included in his theory is the idea that meaning-making activity is both a product of the person's developmental level or achievement and a limitation on the meaning-making system of the person or constraint. In other words, an individual's developmental level allows for a certain level of achievement with regard to meaning making; but along with this comes a constraint on the options for meaning-making based on the particular developmental level of the individual.

There are many similarities between the work of Kegan and that of James Fowler's (1981) Stages of Faith: The Psychology of Human Development and the Quest for Meaning. Fowler was influenced not only by Erikson, Kohlberg and Piaget, but also by the theologians Tillich and Niebur. In this book, the author seems to be strongly influenced by his Christian background; and he admits that his work is written from a "radical monotheistic point of view" (Fowler, 1981). The origin of his ideas comes from a personal experience in which he felt that he was going to die. He found himself asking the following questions of himself: "1) when all these persons, relations and, projects that shape and fill my life are removed, who or what is left? 2) When my body ceases to function, is there, or will there be any "I" left?; 3) When I die, will there be this center of consciousness, this "I AM" - or not? -- and if so, by whom will I be met? and; 4) what continuities will there be between the days and years, and any enlargement of time that I



may experience?" (Fowler, 1981, p xi). The author attempts to clarify the dynamics of faith as the way individuals go about making and maintaining meaning in life. Faith is described as the human universal by which individuals are endowed at birth with nascent capacities for making meaning. The author offers seven-stages of faith which are developmentally and hierarchically ordered.

Fowler describes faith as the individual's way of discerning and committing to centers of value and power that exert ordering forces in the lives of individuals. Faith then is seen as an active mode of knowing and of composing a felt sense, or image of the condition of the individual's life as a whole. Faith involves vision and image which an individual can use to shape their life (Fowler, 1981). In the literature of Kegan (1982) and Fowler (1981), loss is seen as a natural product in the development of the meaning-making system of the individual. For these two theorists, movement toward a higher developmental level is not only precipitated by, but results in an unavoidable loss of the earlier perspective and comfort of the previous stage of development. This movement toward a higher level of development offers potential increase in options for meaning-making by the individual.

Gilligan (1993) and Williams (1987) discuss the values and interests of women as being different in nature from those of men. They suggest that while men value action and movement toward success in their standing in relation to others, women place high value on activities that either support, or are a result of relationships with others. They go on to say that while the values and ideals of women vary greatly throughout adolescence,

that they tend to stabilize as women reach adulthood. Development within relationships tends to be a strong force in shaping these values and ideals as well.

Patricia Weenolsen (1988) describes levels of loss which she sees as helping individuals understand how loss affects so deeply. The levels of loss are as follows: 1) primary loss; 2) associated or secondary loss; 3) remote or abstract loss; 4) loss to self concept that can come with a re-definition of self related to developmental movement and; 5) metaphorical loss or loss of idiosyncratic meaning which can be described as a loss of symbolic meaning. Weenolsen considers the understanding of these levels of loss as helpful with both making meaning of loss and transcending loss at different levels. She defines loss as “anything that destroys some aspect of the individual’s sense of self”, (Weenolsen, 1988, p3). Although Weenolsen’s study involved women, she recognized a process of response to loss. She describes and classifies the nature of loss and offers definitions for the term transcendence. Transcendence, in her view, is the overcoming of the loss, and the re-creating of the self. She also describes the degrees of transcendence that a person may achieve following experiencing a loss. Weenolsen discusses defense mechanisms, such as denial, and how these mechanisms influence the process of transcendence.

The literature here points to many ways that one may look at individual meaning. The responsibility of man to make meaning through action (Frankl, 1984) and the influence of faith (Fowler, 1981) and individual development (Kegan, 1982) has been discussed. Weenolson (1988), Gilligan (1993) and Williams (1987) offer insight into

women's response to loss, responsibilities, relationships and to the change in these things over time. The meaning of intrinsically rewarding activities and balance between the level of a challenge and the skill level of an individual is described by Csikszentmihalyi (1975). In occupational therapy philosophy, theory and practice, meaning is inherent in the process of individuals actively creating adaptive responses which are based on individual needs, desires, abilities and choice. It is hoped that this literature supports the importance for those in the profession to highlight the role of individual meaning in occupational therapy theory and bring it closer to the forefront of occupational therapy practice.

### *Adult Women as the focus of Study*

Frankl (1959) conceptually describes meaning as an individualistic phenomenon that can be different at any given point in time, and is based on values and ideals of the individual. Although the configuration of ideals and values are different for each individual, Walberg (1969) identifies cohort differences in the values and interests of women that distinguish them from men. Though interests and values sometimes change dramatically throughout adolescence, they become fairly stable attributes of the person in adulthood (Williams, 1987). While the values and interests of women are said to stabilize during adulthood, development continues throughout adulthood as the woman's roles and relationships change (Gilligan, 1982). Individual adult women at different life stages comprise a population through which construction of meaning can be examined.

Based on these reflections, exploration of how individuals interpret and create meaning and meaningful occupation was explored through use naturalistic inquiry principles. Naturalistic inquiry allows for the uncovering of the meanings of human experience in the individual's natural setting and in context of their lives (DePoy & Gitlin, 1994). The hermeneutic research tradition is useful for the purposes here because it focuses on the conditions under which human actions take place and the meaning related to those actions (Patton, 1990). According to Frankl (1975), meaning related actions such as doing, experiencing, and organizing are described as the ways individuals fulfill meaning in their lives. The growing use of narratives allows therapists to explore these meanings in a clinical setting because it gives investigators in this setting, a way to explore client's explanations and descriptions in the client's local context (Miles & Huberman, 1994). Application of this research tradition and method of inquiry allows the investigator to gain information about these meaning related actions from the perspective of the individual.

# CHAPTER III

## CONSTRUCTION OF MEANING THROUGH DAILY LIFE EXPERIENCE

A fundamental component of occupational therapy philosophy, theory, and practice involved recognition of the importance of individual's meaningful daily life experiences. As occupational therapists, we are often interested in facilitating the development of skills and abilities which allow clients to achieve or return to activities which are personally meaningful. The issue of how occupational therapists come to recognize activities and experiences which are meaningful to our clients is the central focus of this investigation.

The purpose of this naturalistic study is to allow the investigator to focus on individual meaning from the perspective of community based women from different age groups. This study explores the meaning-making process of individual women, in an attempt to identify how they create and interpret meaning through their daily life experience over time. The significance of this line of research is that it will allow those in the profession to make better connections between life roles and the meanings of activity, and how or if these meanings change over time.

### *Review of the Literature*

Occupational therapists place importance on activities which are meaningful to the individual client. The idea of how people make meaning of their life activities, roles,

relationships, and responsibilities are referred to both implicitly and explicitly throughout the occupational therapy literature. Yerxa (1991) describes scholarship as one aim for the profession which is necessary for promoting occupational therapy to the level of a discipline. Wood, (1996), refers to a phenomenon in the profession as movement from “knowledge of” to “knowledge that”. “Knowledge of” refers to the kind of tacit knowledge that many occupational therapists rely on during daily clinical treatment. “Knowledge that means that the ‘knowers’ consciously understand what they know, and, as a result, can explicate, communicate, and empirically investigate their knowledge” (Wood, 1996, p627). Scholarly activities in occupational therapy which contribute to the area of meaning-making allow occupational therapists to more clearly articulate the relationship between individual meaning making and participation in meaningful occupation.

#### *Occupational therapy philosophy.*

Much of the scholarly work in occupational therapy includes ideas which clearly imply elements of individual, cultural, or contextual meaning. Meyer (1922) describes a value or meaning that is placed or given to the time and the “wholesome rhythms” of activities. Meaning-making is implied as being inherent in the processes involved when individuals actively create an adaptive response based on self-initiation and choice. In this, the “doing” which is a part of this process has implications for the self-actualization of the “doer” who is performing the adaptive response (Fidler & Fidler, 1978; King, 1978; and Yerxa, 1967).

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### *Occupational therapy theory.*

Another level of work in occupational therapy which contributes to the area of meaning-making is based on the work of theorists who describe conceptual models that include components essential in the process of meaning-making. Included here is the work of Fidler's (1996), Life-style Performance Profile based on a conceptual model which includes meaningfulness of daily life activity patterns. Nelson (1996, 1988), and his conceptual organization of occupational form and occupational performance as they

relate to a process of meaning-making in which occupational performance is dependent on the individual's interpretation or the meaning of the occupational form.

Occupational Science, The Model of Human Occupation, and Occupational Adaptation offer conceptual models or frameworks that provide especially intriguing contributions to individual meaning making. Occupational Science, with its description of life domains and internal human subsystems offers a model that incorporates components of meaning-making. The human subsystems, which influence occupational performance, include the following: physical, biologic, information processing, socio-cultural, symbolic-evaluative, and transcendental (Clark, et, al, 1991). These human subsystems allow occupational behavior which is elicited by and provides feedback to the environment. The symbolic evaluative subsystem which relates to symbolic meaning, value systems, and the meaning of communication; and the transcendental subsystem which is concerned with the meaning the person ascribes to his or her life experiences and that impels him or her through life are the most directly related to individual meaning-making (Clark, et, al, 1991).

Kielhofner's (1996) Model of Human Occupation describes the person as open system acting in an open system with the environment, the occupational behavior setting, and the occupational performance, all within a loop which provides continuous feedback. The human subsystems are described as volition, which is the subsystem primarily involved in meaning-making through personal choice; habituation, which is related to



meaning-making through internalized roles; and performance or “mind, brain, body”, which relates to the issue of development in individual meaning-making.

Occupational Adaptation describes a process of formulation of an adaptive response to an occupational challenge through interaction of the person and their desire for mastery, with the environment and its demands for mastery (Schkade & Schultz, 1992; Schultz & Schkade, 1992; Spencer, Davidson, & White, 1996). The person systems involved include the sensorimotor, cognitive, and psychosocial systems. The occupational environment involves the physical, the social, and the cultural systems. An individual occupational response is generated through interaction between the person and the occupational environment. For the development of an adaptive repertoire to occur, the individual must make meanings, so that adaptive responses can be made, evaluated, changed or incorporated over time.

#### *Occupational therapy practice.*

In practice, therapists are usually involved with clients who are experiencing some type of loss or change in function. Clinical practice offers access to clients who are facing meaning-related issues. Life roles and domains, activities, relationships, and experiences are important areas for discovering individual meanings for clients. The growing use of narratives allows therapists to explore these meanings in a clinical setting. It is vital that through clinical practice, occupational therapists attend to these issues and verify their understanding of expressed or implied meanings with the client (Burke, 1996; Clark et al, 1996; and Trombly, 1995).

Occupational therapists can be particularly well equipped to study the interpretive process involved in practice and research related to individual meaning making (Mallinson, Kielhofner, & Mattingly, 1996; and Wood, 1996-a). Ideas such as adaptation, agency, intrinsic motivation, volition, purposefulness, and the meaning of occupational forms, are closely related to individual meaning of daily life activities. While progress in the use of formal naturalistic inquiry has been made by those in the profession, a deeper understanding of the philosophical base as well as the practical use of this type of research will contribute to knowledge in the area of individual meaning making.

*History of interdisciplinary literature related to meaning-making.*

In Victor Frankl's (1959) Man's Search for Meaning, one finds a detailed description of the author's personal experiences in a concentration camp during World War II. He organized a way of understanding and responding to suffering. Frankl views life's transitoriness, or things which seem to take meaning away from one's life, including suffering, loss and, dying, as a way of becoming more fully human. Frankl believes that man actualizes his own personal meaning in life through the actions or attitude he chooses in any given set of circumstances. Each person must take responsibility for making meaning through action or attitude in the case that one is not capable of action; one's "will to meaning" is seen as the primary motivation in life. Frankl describes meaning, which one makes for oneself as well as a "super meaning", which is considered

to be beyond the intellectual capacities of man. Frankl (1959) bases his theories on meaning in the response to suffering that comes from loss.

Mihaly Csikszentmihalyi (1975) was greatly influenced by the work of Maslow, the literature on intrinsic rewards, and the literature on play. He rejected the theories of activity based on a deficit models which assume a limited number of physiological states. He proposed that all behavioral theories reduced enjoyment to the level of satisfaction of basic need and that for this very reason, there can be no true satisfaction in the action itself. He described play as offering a different picture of motivation in which the extrinsic rewards of a closed system do not necessitate activity, but that activity is more likely to occur in relationship to intrinsic rewards of the activity itself. Csikszentmihalyi proposed a theoretical model of the Flow State, in which the level of perceived challenge is balanced with perceived level of skill. He applies this theoretical model to a wide spectrum of activities - from everyday activities, called microflow activities, to unusual or uniquely pleasing activities, called deep-flow activities. The author offers the opportunity to look at the meaning of activity itself as compared to the highly individual meaning that comes from involvement in the process of participation in an activity.

Robert Kegan, (1982), strongly influenced by the work of Piaget and Kohlberg, had an interest in the highly personal process of learning, and about how much can be understood about a person by understanding their meaning system. Kegan was also frustrated with the polarized views of the person as a meaning-maker which were held by those of the psychoanalytic tradition and those held by the existentialists. He felt that this

polarization led to the inability for either group to fully attend to the following issues: 1) the process of development; 2) the inner experience of development or; 3) the emotional life of the individual meaning-maker. Kegan saw Piaget as addressing physical and intellectual development and Kohlberg as addressing the sociomoral development of the individual. From this, Kegan comes up with his own theory of psychological development.

Kegan suggests that the way a person makes meaning depends on his developmental level. The motion of development is propelled by the desire of the individual to make sense or meaning of his world. The meanings that the individual creates can at times, make his current way of viewing the world uncomfortable, and this in turn leads to further development that arises in attempting to resolve the distress. At the heart of this distress is a life long tension between yearnings for differentiation alternating with yearnings for inclusion. Included in his theory is the idea that meaning-making activity is both a product of the person's developmental level or achievement and a limitation on the meaning-making system of the person or constraint. In other words, an individual's developmental level allows for a certain level of achievement with regard to meaning making; but along with this comes a constraint on the options for meaning-making based on the particular developmental level of the individual.

There are many similarities between the work of Kegan and that of James Fowler's (1981) Stages of Faith: the Psychology of Human Development and the Quest for Meaning. Fowler was influenced not only by Erikson, Kohlberg and, Piaget, but also

by the theologians Tillich and Niebur. In this book, the author seems to be strongly influenced by his Christian background; and he admits that his work is written from a “radical monotheistic point of view” (Fowler, 1981, chs 3 & 23). The origin of his ideas comes from a personal experience in which he felt that he was going to die. He found himself asking the following questions of himself: “1) When all these persons, relations and, projects that shape and fill my life are removed, who or what is left?; 2) When my body ceases to function, is there, or will there be any “I” left?; 3) When I die, will there be this center of consciousness, this “I AM” - or not? -- And if so, by whom will I be met? And; 4) what continuities will there be between the days and years, and any enlargement of time that I may experience?” (Fowler, 1981, p xi). The author attempts to clarify the dynamics of faith as the way individuals go about making and maintaining meaning in life. Faith is described as the human universal by which individuals are endowed at birth with nascent capacities for making meaning. The author offers seven-stages of faith which are developmentally and hierarchically ordered.

Fowler describes faith as the individual’s way of discerning and committing to centers of value and power that exert ordering forces in the lives of individuals. Faith then is seen as an active mode of knowing and of composing a felt sense, or image of the condition of the individual’s life as a whole. Faith involves vision and image to which an individual can use to shape their life (Fowler, 1981). In the literature of Kegan (1982) and Fowler (1981), loss is seen as a natural product in the development of the meaning-making system of the individual. For these two theorists, movement toward a higher

developmental level is not only precipitated by, but results in an unavoidable loss of the earlier perspective and comfort of the previous stage of development. This movement toward a higher level of development offers potential increase in options for meaning-making by the individual.

Gilligan (1993) and Williams (1987) discuss the values and interests of women as being different in nature from those of men. They suggest that while men value action and movement toward success in their standing in relation to others, women place high value on activities that either support, or are a result of relationships with others. They go on to say that while the values and ideals of women vary greatly throughout adolescence, that they tend to stabilize as women reach adulthood. Development within relationships tends to be a strong force in shaping these values and ideals as well.

Patricia Weenolsen (1988) describes levels of loss which she sees as helping individuals understand how loss affects so deeply. The levels of loss are as follows: 1) primary loss; 2) associated or secondary loss; 3) remote or abstract loss; 4) loss to self concept that can come with a re-definition of self related to developmental movement and; 5) metaphorical loss or loss of idiosyncratic meaning which can be described as a loss of symbolic meaning. Weenolsen considers the understanding of these levels of loss as helpful with both making meaning of loss and transcending loss at different levels. She defines loss as “anything that destroys some aspect of the individual’s sense of self”, (Weenolsen, 1988, p3). Although Weenolsen’s study involved women, she recognized a process of response to loss. She describes and classifies the nature of loss and offers

definitions for the term transcendence. Transcendence, in her view, is the overcoming of the loss, and the re-creating of the self. She also describes the degrees of transcendence that a person may achieve following experiencing a loss. Weenolsen discusses defense mechanisms, such as denial, and how these mechanisms influence the process of transcendence.

The literature here points to many ways that one may look at individual meaning. Weenolson (1988), Gilligan (1982) and Williams (1987) offer insight into women's response to loss, responsibilities, and relationships as well as to changes in these things over time. The meaning of intrinsically rewarding activities as between the level of a challenge and the skill level of an individual is described by Csikszentmihalyi (1975). In occupational therapy philosophy, theory and practice, meaning is inherent in the process of individuals actively creating adaptive responses which are based on individual needs, desires, abilities and choice. It is hoped that this literature supports the importance for those in the profession to highlight the role of individual meaning in occupational therapy theory and bring it closer to the forefront of occupational therapy practice.

### *Methods*

#### *Design.*

This study involved a naturalistic design to allow the investigator to gain information about meaning related actions from the perspective of the individual. Data were collected using semi-structured guided interviews for four women in 1995, and was followed-up with a similar guided interview for two of the original participants in 2002.

Data were organized by cases for in-depth study followed by cross-case comparisons as well as comparison of changes over time.

### *Instruments.*

Data were collected using a semi-structured guided interview format (Appendix A). Follow-up data were collected using a similar semi-structured guided interview format (Appendix B). Questions for the interview were developed based on Frankl's (1959) conceptual and operational description of meaning.

### *Participants.*

Frankl (1959) conceptually describes meaning as an individualistic phenomenon that can be different at any given point in time, and is based on the individual's values and ideals. Although the configuration of ideals and values are different for each individual, Walberg (1969) identifies cohort differences in the values and interests of women which distinguish them from men. Though these values and interests sometimes change dramatically through adolescence, they become fairly stable attributes of the person in adulthood (Williams, 1987). While the values and interests of women are said to stabilize during adulthood, development continues as the woman's roles and relationships change (Gilligan, 1993). Based on this, this study focused specifically on women. A purposive sample of 4 adult women, one from each of four age groups was initially selected for participation. Age ranges were identified in an attempt to include women at different developmental levels and with potentially different role expectations and life experiences. The ages of the four women were as follows: 31, 42, 59, and 83.



At the time of follow-up, the 42year old woman did not agree to participate and the 83 year old was deceased. The two former 31 year old, now 39; and the former 59 year old, now 66 participated in the follow-up interviews in 2003.

### *Procedures.*

Respondents were initially contacted by the researcher and agreed to participate in the study. They were informed of the procedures including the possibility of follow-up interviews, potential risk, and then offered signed consent for participation. The process was repeated for follow-up interview. Each subject was initially interviewed in his or her home using the semi-structured interview as a guide (Appendix A). During the follow-up interview, with participants 1 and 3, a slightly modified interview guide was used (Appendix B). Field notes were dictated and interviews were taped and transcribed for analysis.

### *Analysis.*

Analysis involved identification of content relevant to the research questions. This content was coded and organized into categories and themes. Audit trails were developed to allow examination by an external auditor. Transcribed interviews were first analyzed for each of the four cases, and then for two follow-up cases analysis included comparison of themes from the 1995 and 2002 interviews. Participant's personal interpretations during the follow-up interview related to selected content from interview one served as opportunity for member checks. Peer debriefing with occupational therapists familiar with qualitative research were utilized to enhance dependability of the findings.

## *Results*

In an attempt to understand how meaning is reflected in the lives of the study participants interviewed, results are reported on an individual case basis. Case one was a thirty-one year old single female was interviewed in her private home where she lives alone. When describing things that were important to her, she discussed the role that her family played in instilling “morals and values”. Although she frequently appeared uncomfortable with the nature of the questions, she was able to describe her life story and reflect on the meaning of related experiences and decisions. During the interview, a variety of themes arose. These themes involved the relationship with her family, the struggle between sense of failure and success in her life, and movement from external guides to more internal or self-control over her actions. She placed strong emphasis on setting reasonable goals for herself so that she does not “set herself up for failure”. This participant defined meaning in terms of things that have meaning for her. These things included her relationships with family and friends, and her health. During the follow-up interview, the now 39 year old woman was living in similar circumstances; she was unmarried and living alone in a private home. Primary changes that she described involved the death of several older friends and the declining health of her father. Themes that arose during this interview centered on family relations and her strong personal sense of ethics. With regard to her family she stated “I really feel lucky to have all of my sisters – I can’t say that I had such an appreciation for them the last time we talked.” She continued, “Since my dad has become ill, I really find myself growing closer to my

sisters.” When discussing ethics, she described a job that she recently quit stating “the pay was great, but there were a lot of unethical things going on that I just wasn’t comfortable with; so even though I didn’t have a back-up plan, I quit that job. When it’s time to pay the bills I wonder why I did it, but I really feel proud of myself for my decision.” This participant defined things that were meaningful to her as family, and her health.

Case Two - The forty-two year old married female was interviewed in the privacy of her home, where she lives with her husband and two teenage sons. Although she initially expressed discomfort with the interview questions, she eventually became more relaxed and appeared to respond more freely to questions as the interview progressed. Her responses centered on the nature and maintenance of family relationships. She discussed competition between her need to see herself as self-reliant and what she described as expected norms in her marital relationship. Many of her decisions involved risking relationships in an attempt to become more self-reliant. She placed much emphasis on her desire and need to camaraderie. She defined meaning in terms of how she knows when something is meaningful, and said, “I know something is meaningful if I act on it rather than just think about it”. Follow-up: Did not agree to participate.

Case Three - The fifty-nine year old married female was also interviewed in the privacy of her home where she lives with her husband. She spent much time discussing her current relationship with and her past responsibility for her four children ages 21 – 34. She discussed the importance of personal sacrifices to fulfill responsibilities to her

parents, her husband, and especially to her children. She expressed a strong desire to be in control over outcomes, and described herself as being unwilling to relinquish personal responsibilities. Although responsibility was a frequently occurring theme for this subject, she also described a strong sense of personal identity, which has more fully developed over time. She described her life in terms of “boxes” or segments that she had progressed through. Each “box” carries with it its own set of responsibilities for her. She discussed the importance of personal sacrifice and “emotional investment” within the “box” that she was in, so that she could move more freely to the next “box” or phase of her life. She defined meaning in terms of how she makes something meaningful, and said “things are meaningful if you treat them with respect”. The follow-up interview with this 66 year old woman found her to be living in the same home with her husband as in the first interview. Her four children are now ages 29-42 and she has five grandchildren under the age of 10. All but one of her children are married, three out of the four children live within 60 miles of her home, and her other daughter lives in Europe, which offers “motivation for me to travel”. This participant followed up with themes related to responsibility, which was the strongest theme from her earlier interview. She stated “I have completed my list of responsibilities and can now do things just for the pleasure of doing things that I choose – like traveling, doing things with the kids, or enrolling in a course of interest.” She goes on, “I enjoy getting together with the kids and I really enjoy all of the activities with the grandkids.” She describes meaningful things as having the freedom to choose activities strictly for pleasure rather than choosing activities to fulfill responsibilities.

Case Four - The eighty-three year old widowed female was interviewed in her private room at the retirement community in which she lives. She discussed the importance of feeling loved and secure. Her personal interest and goals seemed to be less meaningful than her relationships with people that loved or cared for her. Financial security was very important to her and she stated, "I don't want to outlive my money". She referred to sacrifice as a way to obtain both emotional and financial security. At times during the interview she became tearful, especially when discussing her fears about the decline in her quality of life. She described this loss of quality of life in terms of physical decline and limited contact with loved ones. When defining meaning she described who was most meaningful to her, and she referred to her 60-year-old son as the most meaningful person in her life. Follow-up: Did not participate – deceased.

### *Conclusion*

Each informant described personal actions and experiences, as well as a cognitive organization of their experiences. Participants were able to discuss meaningful actions and experiences in terms of the developmental phases of their lives. Although modification of the interview questions, depending on the situation or comfort level of the individual participant were made, the questions were useful in exploring how individuals interpret and create meaning through their daily life experiences.

Broad recurring themes included relationships with others, primarily with family, self- identity, health, and for the 83-year-old security. What the 83 year old described as being most meaningful was a sense of security. She separated this into emotional

security from her family, and financial security that she felt she gained through lifelong sacrifice. Health was also described as meaningful in that her decline in health increases her loneliness since she it limits her contact with her family and with others in her assisted living center. The former 31, now 39 year old woman, discussed health in terms of her father's declining health. For the former 59, now 66 year old the meaning of health during the initial interview focused primarily on how it limited her travel excursions due to knee replacement surgery. During the follow-up interview the meaning related to her health focused not only on how it limited her travel, but she also acknowledged the she has experienced a change in desire for social interaction other than with close friends and family. The 42-year-old woman did not bring up the issue of health when describing what was meaningful to her. Self- identity was a theme found in interviews with all but the 83-year-old woman. For the former 42 year old, self-identity was described in terms of the meaning of maintaining self-reliance while fulfilling family responsibilities with her husband and two teen-age children. For the 59 year old, now 66 year old woman, self-identity during the first interview was something that she had to sacrifice to fulfill responsibilities to husband and her four children, who at that time were ages 21-34. She stated during this interview that she has completed her list of responsibilities to her family, and can now focus on taking pleasure in their company and in joining their activities and limited travel. The former 31 year old, now 39 year old woman discussed meaningful changes in her self-identity in that during the first interview, she was just beginning to rely on self-control and judgment as compared to

external guides about “what is right.” She now discusses her increased reliance on her own sense of ethics to guide her decisions and finds this very meaningful. All participants described meaningfulness of family. While the 83 year old described meaningfulness of family in terms of security and love, the former 59, now 66 year old described meaningfulness of family in terms of responsibilities during her first interview and then in terms of the pleasure that she now experiences with relationships. For the former 31 year old, differentiation from family was meaningful to her, but during the follow-up interview she discussed the meaningful nature of close relationships with her three sisters.

Findings of this study may or may not be similar to people of different age groups, gender, or other life circumstances. Although the findings of this study are related to women, they can be used to help occupational therapists develop methods to help their clients identify what is meaningful in their lives. It is important for occupational therapists to gain a holistic perspective of their client’s individual needs, interests, hopes, and desires that the individual client considers meaningful. By doing this we can strengthen the link between plans and implementation of treatment leading to meaningful outcomes for individual clients.

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Data will be collected using a semi-structured interview, guided interview format. Questions for the interview were developed based on Frankl's (1959) conceptual and operational description of meaning. Questions 1-3 along with follow-up questions a-d were developed prior to data collection on the related pilot study. Questions 4 & 5 were added to subsequent pilot study interviews in an attempt to ground the research process in the data. The following questions will be used during the interviews:

- 1) Tell me about experiences that you have had in the past that are especially meaningful to you.
  - a) How did you decide to take that course of action?
  - b) What things/experiences influenced your decision?
  - c) What was meaningful/important about that?
  - d) If you could change that event/experience/decision, what would you change?
- 2) What do you value most in your life now?
- 3) What things do you hope to accomplish in the future?
- 4) Do you think different things were meaningful at different times in your life?
- 5) If you had to say what "meaning" is, what would you say?

It is also recommended that the following questions be added to the interview guide:

- 6) How does something become meaningful?
- 7) How did you come to see that event/activity/relationship as meaningful?
- 8) In what way is that event/activity/relationship meaningful?

## *Appendix B Follow-up Interview Guide*

The following questions will serve as a guide for follow-up interviews.

- 1) Tell me about experiences that you have had in the past seven years that are especially meaningful to you. How does something become meaningful?
  - a) How did you decide to take that course of action?
  - b) What things/experiences influenced your decision?
  - c) What was meaningful / important about that?

If you could change that event/experience/decision, what would you change?

- 2) What do you value most in your life now? In what way is that event/activity/relationship meaningful? How did you come to see that event/activity/relationship as meaningful?
- 3) What things do you hope to accomplish in the future?
- 4) Do you think different things were meaningful at different times in your life?
- 5) If you had to say what “meaning” is what would you say?

## CHAPTER IV

# SHAPING THE GOAL SETTING PROCESS IN OCCUPATIONAL THERAPY: THE ROLE OF MEANINGFUL OCCUPATION

### *Introduction*

A fundamental component of occupational therapy (OT) philosophy, theory, and practice involved recognition of the importance of an individual's meaningful daily life experiences. As OTs, we are often interested in facilitating the development of skills and abilities which allows clients to achieve or return to activities which are personally meaningful. The issue of how OTs come to recognize activities and experiences which are meaningful to our clients, and how we go about incorporating this understanding in today's practice environment was the central focus of this investigation.

The study involved a secondary analysis of a prior study in which data were collected from elder patients, their family members or caregivers, and their primary OT from a local skilled nursing unit (SNU) (Spencer, Hersch, Eschenfelder, Fournet & Murray-Gerzik, 1999). The purpose of this secondary analysis was to identify the participant's personal meaning of the illness, injury or disability, current and past roles, responsibilities, activities, and relationships and to use this information to set treatment goals for OT clients. The information gathered from the family and therapists provided information about the family members' and therapists' perceived meanings as they relate to their role as caregiver or therapist. Congruence and shared meanings between the

clients and their family and therapist were of particular interest. Four sets of data from the original study, which were selected based on their completeness, were re-analyzed for content themes related to the meaningful activities, relationships, roles and responsibilities and the congruence of understood meanings identified by elders, family or caregiver, and therapists.

The significance of this research is that it allows OT practitioners to consider how meaningful life experience may help in development of OT treatment goals that are more meaningful to the individual client. This work also has the potential to help us understand differing perspectives on those things which are meaningful from the perspective of clients, their families, and their therapists.

### *Background and Significance*

OTs place importance on activities which are meaningful to the individual client. The idea of how people make meaning of their life activities, roles, relationships, and responsibilities is referred to both implicitly and explicitly throughout the OT literature. Much of the scholarly work in OT includes ideas which clearly imply elements of individual, cultural, or contextual meaning. Meyer (1922) describes a value or meaning that is placed or given to the time and the “wholesome rhythms” of activities. Meaning-making is implied as being inherent in the processes involved when individuals actively create an adaptive response based on self-initiation and choice. In this, the “doing” which is a part of this process has implications for the self-actualization of the “doer” who is performing the adaptive response (Fidler & Fidler, 1978; King, 1978; Yerxa, 1967).

Intrinsic motivation and personal satisfaction based on needs, desires, and abilities are recognized as an essential component of involvement in personally meaningful activities for clients of OT (Fidler, 1981; Florey, 1978). Yerxa (1992) discusses interaction of the individual with the environment as leading to setting personal goals and the assignment of purpose to involvement in activity. Trombly (1995) states that occupation as an end is purposeful, but for it to be meaningful it must be based on the clients' own experiences. She emphasizes that the therapist working with the client must verify the individual meaningfulness of participation rather than not substitute the therapist's own values and sense of meaningfulness. Nelson (1996) discusses purpose as only being possible after meaning is made; and purposeful activity is directly related to the individual's goals, desires and intentions. He describes a meaning making process as occurring when an individual interprets an "occupational form", which in turn has an effect on the occupational performance of the individual (Nelson, 1988).

### *OT theory.*

Another level of work in OT which contributes to the area of meaning-making is based on the work of theorists who describe conceptual models that incorporate components which are essential in the process of meaning-making. Included here is the work of Nelson (1996, 1988), and his conceptual organization of occupational form and occupational performance as they relate to a process of meaning-making in which occupational performance is dependent on the individual's interpretation or the meaning

of the occupational form. Fidler's (1996) Life-style Performance Profile is based on a conceptual model which includes meaningfulness of daily life activity patterns.

Occupational science, The Model of Human Occupation, and Occupational Adaptation offer conceptual models or frameworks that provide especially intriguing contributions to individual meaning making. Occupational science with its description of life domains and internal human subsystems offers a model that incorporates components of meaning-making. The human subsystems which influence occupational performance include the following: physical, biologic, information processing, socio-cultural, symbolic-evaluative, and transcendental (Clark, et al. 1996). These human subsystems allow occupational behavior which is elicited by and provides feedback to the environment. The symbolic evaluative subsystem which relates to symbolic meaning, value systems, and the meaning of communication; and the transcendental subsystem which is concerned with the meaning the person ascribes to his or her life experiences and that impels him or her through life are the most directly related to individual meaning-making (Clark, et al. 1991).

Kielhofner's (2002) Model of Human Occupation describes the person as an open system with the environment, the occupational behavior setting, and the occupational performance, all within a loop which provides continuous feedback. The human subsystems are described as volition, which is the subsystem primarily involved in meaning-making through personal choice; habituation, which is related to meaning-



making through internalized roles; and performance or “mind, brain, body”, which relates to the issue of development in individual meaning-making.

Occupational Adaptation describes a process of formulation of an adaptive response to an occupational challenge through interaction of the person and their desire for mastery, with the environment and its demands for mastery (Schkade & Schultz, 1992; Schultz & Schkade, 1992; Spencer, Davidson, & White, 1996). The person systems involved the sensorimotor, cognitive, and psychosocial systems. The occupational environment involves the physical, the social, and the cultural systems. An individual occupational response is generated through interaction between the person and the occupational environment. For the development of an adaptive repertoire to occur, the individual must make meanings, so that adaptive responses can be made, evaluated, changed or incorporated over time.

#### *OT practice.*

In practice, therapists are usually involved with clients who are experiencing a loss or change in function. Clinical practice offers access to clients who are facing meaning-related issues. Life roles and domains, activities, relationships, and experiences are important areas for discovering individual meanings for clients. The growing use of narratives allows therapists to explore these meanings in a clinical setting. It is vital that through clinical practice, OTs attend to these issues and verify their understanding of expressed or implied meanings with the client (Burke, 1996; Clark, et al. 1996; Peloquin, 1996; Trombly, 1995).

OTs can be particularly well equipped to study the interpretive process involved in practice and research related to individual meaning making (Mallinson, Kielhofner, & Mattingly, 1996; Wood, 1996). Ideas such as adaptation, agency, intrinsic motivation, volition, purposefulness, and the meaning of occupational forms, are closely related to individual meaning of daily life activities.

### *Methods*

#### *Design.*

A qualitative design, which is phenomenological in nature, was used for this study. It involves secondary analysis of data from a 1996-1997 study (Spencer, et al. 1999). Data were collected during interviews with OT clients, their family member or caregiver, and their OT.

#### *Instruments.*

The instruments used in the study included “The Client Centered Evaluation” (CCE) which was used to help clients identify meaningful OT goals based on meaningful life experiences. The CCE was developed as an interview guide to facilitate collaborative setting of meaningful OT goals (Eschenfelder, 1993). The questions were structured to focus on the individual meaning of client’s activities, roles, relationships, responsibilities, and the impact of the client’s current illness, injury, or disability. The “Family Interview Guide” (FIG), was developed by a co-investigator of the 1996-97 study (Hersch, 1991). It was developed to give information about the client’s family, the tasks and trajectory of caregiving, and the meanings related to caring for the client.

A Therapist Interview Guide (TIG), was used with either the client's OT or the certified OT assistant at the time of discharge, or soon thereafter. The TIG was designed to gain information about process of setting client goals, goal achievement, and barriers which may have prevented achievement from the perspective of the therapists.

### *Participants.*

A purposive sample of eight culturally diverse elder volunteers who were clients in a 24-bed transitional SNU participated in the original study along with six family members or caregivers and their two OTs. Of these, four sets of client, family member, and therapist were selected for secondary analysis based on completeness of their combined interviews. These participants, two men and two women, were admitted to the unit following acute injuries, exacerbation of chronic problems, or reports of decline in mental status by caregivers or family members. All clients had, in common, a diagnosis of deconditioning, and all were considered to have the cognitive ability to participate in the interview process by the program staff (see Table 1).

Four family members volunteered for participation in the study. Of these, two were daughters, one was a sister, and one was a niece. One daughter and one sister lived in the same home as the client at the time of admission. Two OTs who worked directly with each client also participated in the study. One was a registered OT, and the other was a certified OT assistant.

### *Procedure.*

Clients of a local SNU were identified soon after admission, and were asked to volunteer for the study. Those who gave informed consent were interviewed using the CCE, and in turn, the client identified meaningful outcome goals. Demographic information, client history, information about functional level, and their OT goals were gathered and used for descriptive purposes. Additional follow-up interviews with the participants were completed during the initial study which focused on outcomes; this information was also utilized in the secondary analysis.

During the participants' inpatient stay, attempts were made to identify and locate family members or caregivers who would give informed consent for participation in the study. These family members and caregivers were interviewed using the FIG, either at the SNU or through phone contact when necessary. The FIG was used to gain understanding of goals that the family or caregiver held for the client.

OTs who treated these clients gave informed consent soon after the participant was discharged from the SNU. The therapists were interviewed using the TIG in the work setting for the purpose of identifying the process that the OT used to set treatment goals, goal achievement and barriers to achieving treatment goals for each client.

### *Analysis.*

This secondary analysis focused on the transcripts and dictated information gathered with the three interviews described above (CCE, FIG and TIG), as well as on

the demographic and descriptive data gathered through chart review. The information from these sources which pertains to an individual participant is defined as a data set for the purpose of this article. Four data sets were selected for secondary analysis and selection was based on completeness of the data sets and on the depth of information offered from the data set. The analysis process involved a review of all transcripts for content related to individual meaning-making through goal formulation, the role of the family and the meaning of caregiving, and goal achievement and barriers. Special focus on congruencies and discrepancies between the participant, the family member or caregiver, and the therapist was made. Content was coded so that it could be organized into categories and themes. An audit trail was developed to allow examination by an external auditor. Transcribed interviews were analyzed for each participant individually, and then a data set analysis consisting of the client's interview (CCE), their family member or caregiver's interview (FIG), and their therapist's interview (TIG) including the client's OT goals were analyzed for congruence of responses. Peer review with administrative personnel from the SNU, OTs, health professionals and educators who are familiar with qualitative research and have in-depth knowledge of these data sets was utilized at various stages of analysis to increase trustworthiness and to help guide selection of the four data sets included in this secondary analysis.

### *Clients' meanings.*

All four clients described meaningful occupations in terms of family roles, relationships with others, and related responsibilities. Lena described a strong connection to her past role as homeowner and family leader. She stated, "Well, what I like to do is just to make sure my family's happy.... I'm happy when my family's happy... I'm there for my family." Lena later began to describe her dissatisfaction with her connection to her family once her home was repossessed and she was "placed in this nursing home - my family, they don't come to see me that much - they dropped me". Lena expressed anger and sadness at the change in her role from homeowner and family leader to moderately dependent nursing home resident.

Eddy proudly described a very active role of volunteer caretaker at his former church "I used to go over and unlock things and let people in when they had something going on over at the church. But that's been a while; now the doctor says I have to keep my feet up."

Bill had a strong sense of connection to his friends in the neighborhood. He commented, "Well I get out with my buddies - they just come pick me up - we like to listen to music at the jazz clubs". This was an activity to which he was successfully able to return after discharge from the SNU. It was meaningful for Bill to return to his home which he shared with his sister. "I just want to get out on the porch and sit - that's how my buddies know to come and get me and take me with them."

Mary described her role as a provider of financial and emotional support for herself and her daughter.

I worked real hard because I wanted her to go to the University - I even moved to the city with her because she didn't want to go at first. Then later, I used to like to live with my daughter because she takes me out to the store... She has three children and I love them and they love me very much. They going to get a bigger house to give me a big bedroom for myself.

Many meaningful occupations are supported by one's environment. With regard to these four clients, their ability to return to their pre-admission setting was an issue. While Bill was able to return to his own home, Eddy, Lena, and Mary were not. Mary was satisfied with her plans to live with her daughter after her discharge because it helped her focus on meaningful family roles. Eddy described a desire to "be accepted into the nursing home". He expressed some fear about his ability to care for himself after experiencing a fall. "I think it would be good to have someone around day and night, and if I go to a nursing home I could make some friends - maybe have someone to talk to."

Lena had a different reaction to this change to nursing home placement. "Well, I want my trailer. That's my home and my things are there. I want to go home to my trailer but it's not there anymore. I can't do much about it, but it sure is hard. What's real bad is that when my son moved into my trailer, it was like I didn't have my own place anymore - I couldn't control it".

Three of the four participants expressed significant connection to a faith, religion, or spirituality. Eddy described a past history of strong connection to his church. "I was in the church choir - I was the second president of the Baptist Church Choir". Lena attended her local church until her arthritis limited her mobility. She then began to listen to church services on a radio which she lost when her trailer was repossessed. Now she states "I read my bible in my room, and sometimes they have a pastor give a service here at the nursing home". Mary stated, "I believe in God - I have lots of faith in him and he always helps me".

Other meaningful occupations described by the participants include things that could be classified as self-determination. Eddy was at a stage in his life where he was ready to accept help and he felt that his decision to seek placement in a nursing home helped him maintain his dignity by decreasing the "burden on my niece". Bill was very resistant to any change that would take him out of his home setting and away from contact with friends. Mary described shopping for herself as meaningful. "I pick out my own things myself - I don't like when someone else does that for me". Since the loss of her home and belongings Lena states, "I have taken over my own finances - I called the bank and told them that they didn't need to talk to no one else about my money except me - It's my money anyway."

All clients described occupations grounded in past roles, relationships and responsibilities (see Table 2). Bill was able to return to the occupations he described



from his past. Mary and Eddy made links to occupations and participated in them in an adapted way. Lena was in the process of grieving her losses, and was beginning to make some connections to meaningful occupations from her past by increasing her sense of control over her finances.

### *Shared meanings.*

There were several examples of shared meanings between family members and clients in this study. Eddy, his niece and his OT shared an understanding of his fear of falling and his desire not to be a burden to others. According to his therapist “he knows he is weak, but he may not ask for help. He wants to be as little trouble as possible and he could be easily neglected at home.” Eddy’s niece was glad that he was able to become more accepting and realistic about his need for assistance. She expressed happiness that he was making friends and playing dominoes with his roommates. “I didn’t realize how lonely he was before - I’m very pleased that he’s adjusted well and likes living here (at the NH), - he has friends.”

Mary and her daughter shared a common understanding of the meaning of family as well as the importance for Mary to interact with her peers. Mary’s daughter states, “she likes to be here with us (daughter’s home), but she likes the retirement center too - it’s important for her to be with other people.” Bill and his sister also shared meaning in their mutual independence along with the financial incentive of sharing a home. Bill’s sister stressed that neither she nor her brother provided care for each other; they both

described a lifestyle in which they shared expenses and upkeep of a home, but maintained their independence in other aspects of their lives.

Lena and her daughter had opposing views on how to help her maintain some connection to her meaningful past roles. Lena desired information about her home, her personal belongings and finances as a means of coping with her losses. Lena's daughter believed that withholding information about the repossession of her home, and her dwindling bank account would make things easier. Her daughter states, "She doesn't realize half of what's gone- and I've been trying to keep it from her so that she doesn't worry about it." Lena described feeling betrayed and controlled by her family's attempt to withhold information. "You know, they're wanting to control me and everything I had and I expect to get none of my stuff back...none of them truthful with me."

### *Congruence of goals.*

Congruence, in this case means that both sets of goals support each other and that there was a close association between the goals and the client's meaningful occupations. Mary and Bill had a good degree of congruence between goals set during traditional OT sessions and goals which were based on the CCE. Mary met all of her OT goals which included increased tolerance for time out of bed, and upper extremity strength, as well as improved independence with activities of daily living (ADL), and adaptive equipment. The goals Mary set during the CCE interviews and met following discharge involved shopping outings to pick out her own items and teaching her granddaughter to sew. Mary originally set a goal to contribute to the family by taking on the role of cook in her

daughter's home. She was not physically able to meet this goal so she modified her goal to "teach my granddaughter to cook."

Bill had similar OT goals, and met all except to increase upper extremity strength. He met all goals based on the CCE. These goals included independent transfer and use of his wheelchair to get out on his porch and await visits from friends; going to jazz clubs in his wheelchair with his friends; and preparation of a simple meal such as a sandwich.

Eddy and Lena had a lower level of congruence between traditional OT goals and those set during the adaptation based intervention using the CCE. Their OT goals, like Mary's and Bill's were related to increased tolerance for time out of bed, improved level of independence with self care and mobility, strength for weight bearing to upper and lower extremities, and for Lena, self range of motion. Eddy did not meet any of his OT goals due to his medical status. Lena met one of five of her OT goals.

Eddy's personal goals based on the CCE included being accepted into a NH, increasing his opportunities for interacting with family and friends, and becoming a member of a church. Eddy met the first and second goal as stated. He reported playing and teaching the game of dominoes to roommates at the NH, he received visits from his niece two to three times per week, she reported that he had taken steps to attempt a reunion with his estranged son. Eddy modified his goal of becoming a member of a church, due to his poor health, to monthly religious services at the NH.

Lena's personal goals were modified to a greater extent. First she set goals for going on outings using a wheelchair accessible transportation; self determination of

living environment, which for Lena meant returning to her own home with a care provider; and return to membership and attendance at her former church. Lena did not meet any of these goals, but she was able to modify and meet her goals after discharge from the SNU. Her modified goals included gaining control over her own bank account and increasing her independence with mobility by obtaining a smaller wheelchair which she was able to maneuver more easily within the NH.

### *Goal setting process.*

The OT goals described as protocol based were set by the primary therapist and focused on strength, endurance, mobility, and ADL. One therapist described the goal setting process “after explaining what OT does, we ask the patient about goals for things like dressing and bathing”. The therapist explained that the goals were guided by the Functional Independence Measure (FIM) score from the time of admission. Based on therapists’ interviews, three of the participants had a poor understanding of their OT goals, “We usually have to tell the patient what goals he or she will have...we always try to explain their goals to them as they are doing their therapy sessions”.

The process of goal setting in the adaptation based/ CCE approach explored the participant’s perception of why they were admitted to the SNU and their expectations for future changes in their life situations and activities following discharge. Participants discussed the personal meanings of occupations from their past. The OT worked collaboratively with the participant at various points of their inpatient stay and again at the post discharge follow-up.

Goals were modified as clients gained increased understanding of not only their new level of function, but also a better understanding of the meaningful component of the past occupational activity. When Mary recognized that involvement with and contribution to her family was more meaningful to her than the activity serving as cook, she was able to modify her goal to a more realistic one which involved teaching her granddaughter to cook. When Lena was able to focus on the meaning of self-determination and control, she was able to modify her initial and unrealistic goal of returning to her own home with a care provider to managing her own bank account and obtaining a smaller wheelchair to improve her ability to get where she wanted to go in the NH setting. Three out of four participants modified their own goals post discharge indicating that they had learned to focus on the meaningful nature of their daily occupations.

## *Discussion*

### *Implications for therapists.*

The challenge for OTs is to identify and utilize strategies which can help them gain insight into their client's personally meaningful life experiences and incorporate this into the OT goal setting process. Along with helping clients achieve a desired level of occupational function, therapists must use their clinical skill and judgment to help clients identify the personally meaningful nature of past occupations, and how these past occupations may have changed over time as a result of the illness or injury which brings them to the OT treatment setting. OTs can play a unique role in helping clients make

connections between meaningful roles, relationships, responsibilities and goals directed at engagement in desired meaningful occupation for the client.

### *Limitations.*

One limitation of this study was the small number of participants. Participants were originally limited to those SNU clients who were willing and able to give informed consent. The number used for secondary analysis was further limited due to the exclusion of data sets which were not complete. As a result of this, points of view are limited and data saturation becomes an issue. In this respect, data saturation is a classic issue in qualitative research where findings of one study are not always applicable in circumstances that differ from those in which the study was conducted. The results here are meant to provide a base from which further study can be developed.

In addition, because this was a secondary analysis of existing data, another limitation was that participants were not available for member checks of this secondary analysis. A third limitation of this study was the wide range in age which varied from 62 years to 85 years, and differences in individual client's health status which may have influenced participants' ability to fully participate in the interview process.

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*Table 1 Demographic Characteristics of Participants*

pseudonym /age	prior living situation	living situation post SNU	diagnoses
Eddy/85	own home with 1x/ day provider	nursing home	malnutrition, deconditioning, peripheral vascular disease hx of bipolar disorder
Lena/69	own home	nursing home	Diabetes Mellitus-II, Left Hemiplegia, deconditioning, adjust- ment d/o with depression
Mary/81	own apt in retirement center	daughter's home	Hip fracture, deconditioning, early dementia
Bill/62	own home with sister	own home with sister	Above Knee Amputation, deconditioning peripheral vascular disease

*Table 2 Participants' Meaningful Occupations*

	Family Role/s	Friendships	Faith/ Religion	Activities	Self- Determination
Eddy	P- ND N- ND	P- Church Friends N- New Friends at NH	P-Active Member N-Monthly Services	P-Church Socials N-Dominoes at NH	P- Upheld Church Responsibilities N- Requested NH placement
Lena	P- Family Leader N- Loss of Role	P- ND N- ND	P-Active Member N-Read Bible	P- ND N- Sing in NH Choir	P- Home owner, Financial Control N-Manage own Bank Account
Mary	P- Support Family N- Teach Child	P- Talk with Friends N- Same	P- Prays N- Same	P- Cook N- Outings w/ Daughter	P- Decision Maker For Family N- Choose own items from store
Bill	P- Lives w/sister N- Same	P- Outings w/ friends N- Same	P- ND N- ND	P- Out to jazz clubs N- Same	P- ND N- Prepare meal
Legend:	P- past	N- new	ND- not discussed	NH- nursing home	

## CHAPTER V

### MEANING BASED INTERVENTION IN OCCUPATIONAL THERAPY

#### *Objectives*

A fundamental component of occupational therapy (OT) philosophy, theory, and practice involves recognition of an individual's meaningful daily life experiences. As OTs, we are often interested in facilitating the development of skills and abilities which allow clients to achieve or return to personally meaningful experiences such as roles, responsibilities, relationships and activities. How OTs come to recognize clients' meaningful experiences, and how we go about incorporating this understanding in today's practice environment was the central focus of this investigation.

This study is focused on the therapist's perspective with regard to the role of meaning-based intervention (MBI) with OT clients. MBI is defined by this author as OT evaluation, goal setting, and treatment which is based on the client's personally meaningful occupation/s. Consideration is given to changes over time and life circumstances. The process begins with collaboration between client, family and OT for the purpose of identifying and assessing meaningful occupation/s during the initial evaluation, goal setting based on priorities & abilities of the client, with OT intervention directed toward the client's goals.

This qualitative study utilized data gathered from focus groups with OTs from a variety of practice settings and with a wide range experience as OTs. The purpose of this

study was to increase awareness of therapists' perception of the role of MBI in OT and the clinical considerations and barriers to inclusion of MBI in OT practice.

### *Background and Significance*

OTs place importance on activities which are meaningful to the individual client. The idea of how people make meaning of their life activities, roles, relationships, and responsibilities is referred to both implicitly and explicitly throughout the OT literature. Much of the scholarly work in OT includes ideas which clearly imply elements of individual, cultural, or contextual meaning. Meyer (1922) describes a value or meaning that is placed or given to the time and the "wholesome rhythms" of activities. Meaning-making is implied as being inherent in the processes involved when individuals actively create an adaptive response based on self-initiation and choice. In this, the "doing" which is a part of this process has implications for the self-actualization of the "doer" who is performing the adaptive response (Fidler & Fidler, 1978; King, 1978; Yerxa, 1967).

#### *Occupational therapy theory.*

Occupational therapy theory and conceptual models incorporate components essential in the process of meaning-making. Included here is the work of Nelson (1996, 1988), and his conceptual organization of occupational form and occupational performance as they relate to a process of meaning-making in which occupational performance is dependent on the individual's interpretation or the meaning of the occupational form. Nelson also discusses purpose as only being possible after meaning

is made; and purposeful activity is directly related to the individual's goals, desires and intentions. He describes a meaning making process as occurring when an individual interprets an "occupational form", which in turn has an effect on the occupational performance of the individual (Nelson, 1988). Fidler's (1996) Life-style Performance Profile is based on a conceptual model which includes meaningfulness of daily life activity patterns.

Intrinsic motivation and personal satisfaction based on needs, desires, and abilities is recognized as an essential component of involvement in personally meaningful activities for clients of OT (Fidler, 1981). Yerxa (1992) discusses interaction of the individual with the environment as leading to setting personal goals and the assignment of purpose to involvement in activity. Trombly (1995) states that occupation as an end is purposeful, but for it to be meaningful it must be based on the clients' own experiences. She emphasizes that the therapist working with the client must verify the individual meaningfulness of participation and not substitute the therapist's own values and sense of meaningfulness. Occupational science, The Model of Human Occupation, and Occupational Adaptation offer conceptual models or frameworks that provide especially intriguing contributions to individual meaning making. Occupational science with its description of life domains and internal human subsystems offers a model that incorporates components of meaning-making. The human subsystems which influence occupational performance include the following: physical, biologic, information processing, socio-cultural, symbolic-evaluative, and transcendental (Clark, et al. 1996).

These human subsystems allow occupational behavior which is elicited by and provides feedback to the environment. The symbolic evaluative subsystem which relates to symbolic meaning, value systems, and the meaning of communication; and the transcendental subsystem which is concerned with the meaning the person ascribes to his or her life experiences and that impels him or her through life are the most directly related to individual meaning-making (Clark, et al. 1991).

Kielhofner's (2002) Model of Human Occupation describes the person and the environment as an open system, the occupational behavior setting, and the occupational performance, all within a loop which provides continuous feedback. The human subsystems are described as volition, which is the subsystem primarily involved in meaning-making through personal choice; habituation, which is related to meaning-making through internalized roles; and performance or "mind, brain, body", which relates to the issue of development in individual meaning-making.

Occupational Adaptation describes a process of formulation of an adaptive response to an occupational challenge through interaction of the person and their desire for mastery, with the environment and its demands for mastery (Schkade & Schultz, 1992; Schultz & Schkade, 1992; Spencer, Davidson, & White, 1996). The person systems involved the sensorimotor, cognitive, and psychosocial systems. The occupational environment involves the physical, the social, and the cultural systems. An individual occupational response is generated through interaction between the person and the occupational environment. For the development of an adaptive repertoire to occur,

the individual must make meanings, so that adaptive responses can be made, evaluated, changed or incorporated over time.

*Occupational therapy practice.*

In practice, therapists are usually involved with clients who are experiencing a loss or change in function. Clinical practice offers access to clients who are facing meaning-related issues. Life roles and domains, activities, relationships, and experiences are important areas for discovering individual meanings for clients. The growing use of narratives allows therapists to explore these meanings in a clinical setting. It is vital that through clinical practice, OTs attend to these issues and verify their understanding of expressed or implied meanings with the client (Burke, 1996; Clark, et al. 1996; Trombly, 1995). OTs can be particularly well equipped to study the interpretive process involved in practice and research related to individual meaning making (Mallinson, Kielhofner, & Mattingly, 1996; Wood, 1996). Ideas such as adaptation, agency, intrinsic motivation, volition, purposefulness, and the meaning of occupational forms, are closely related to individual meaning of daily life activities. While progress in the use of formal naturalistic inquiry has been made by those in the profession, a deeper understanding of the philosophical base as well as the practical use of this type of research will contribute to knowledge in the area of individual meaning making.

### *Design.*

This study involved a naturalistic design utilizing a focus group format to gain insight into the views of participating OTs as they interactively discussed MBI. Interaction between participating therapists was expected to allow more in depth examination of views on MBI by therapists from various settings and from a wide range in years of experience in practice.

### *Instrument.*

A focus group question guide was used by the investigator to prompt group discussion related to MBI (Appendix A). Focus group questions were developed based on initial informal group discussions with experienced OTs in the local community.

### *Participants.*

Two focus group sessions were held. Group one consisted of 7 women OTs and group two included 5 OTs (four women and one man), who were identified for participation based on their willingness to engage in reflective thought while discussing MBI, and their availability. Both groups were similar in terms of OT experience, professional roles, practice settings and practice populations, and frames of reference. Of the twelve participants, 4 OTs had been in practice less than 5 years, 4 OTs had 6-20 years of practice experience, and four others had greater than 20 years of experience in OT.



All twelve participants had experienced professional roles as direct care providers and 10 of these had served as clinical instructors for OT students. Two of the 12 held professional roles as a manager or a supervisor. Four of the 12 were faculty members and another four served as adjunct faculty for local OT programs. With regard to practice settings, 66% of the participants had practiced in acute care, rehabilitation or home health settings. Fourteen percent worked in a school based setting, 7% in private practice and in mental health practice respectively, 3% worked in long-term care settings and another 3% in community based practice.

Of the client populations, 36% worked with geriatric populations, 32% with adults, and 32% with pediatrics. With regard to utilized frames of reference, 29% utilize biomechanical and cognitive treatment approaches respectively; 20% follow developmental and rehabilitative treatment approaches respectively; and 3% utilize a mental health frame of reference.

### *Procedure.*

Therapists agreed to participate and gave informed consent for participation and audio taping of the session. The first focus group meeting was held during an extended lunch break of approximately 1 hour, in a private conference room of a hospital in a large medical center. The second focus group, which lasted over 2 hours, was held in the afternoon in a private room in the school of OT on a university campus. Upon arriving, the participants were given an information sheet that outlined the topic of discussion as well as a working definition of MBI (Appendix A). The purpose of the

focus group was described, and the questions from the focus group guide (Appendix B) were used to encourage and initiate discussion of MBI. In addition to audiotaping, notes were taken in an effort to gather demographic information to be used for descriptive purposes. Names and identifying information were changed to protect anonymity.

### *Analysis.*

Tapes were transcribed, and transcriptions were analyzed for content, flow of discussion, and expressed views. Content was coded and organized into categories and themes. An audit trail was developed and peer debriefing with OTs familiar with qualitative research was utilized for this study to enhance dependability of the findings.

### *Results*

Themes from therapists included general ideas regarding MBI, factors that facilitate and barriers that inhibit inclusion of MBI in OT practice. Participants described MBI as being most beneficial at certain stages of treatment. For example in the acute stage OTs said, “I think the impact of a stroke would have me wondering about my survival, my self- image, my psychological as well as my physical well being. Embroidery probably wouldn’t be at the top of my list.” What participants found to be most meaningful at this stage involved helping the client understand what has happened to them. An example given was, OTs clients want to know why their arm doesn’t work since they have only been told that their head has been injured. One OT stated “I didn’t realize until close to the time of discharge that this patient didn’t understand what was wrong with him, we had been working in therapy for almost two weeks at that point! I

now know that if I spend time helping this patient understand his situation then he is able to get to the meaning part of his therapy sooner – we have to make the connections when they are missing the link”. All of the OTs stated that an interview type of process was how they would come to understand what was meaningful to the patient. “You have to talk to them, and sometimes their family members, and you have to help them see how they are different now that they have had an injury – then you can start to get at what activities are meaningful to them”. Therapists recognized the importance of discussion regarding meaningful occupation and roles with their clients, but primarily discussed this in terms of choosing an activity for therapy. One stated “You (client) want to make a scrapbook, then this is what we have to do to get from point a to point b”. This therapist saw this as the way that she made the link between components of activity in OT and being able to go back to work on her flower garden. Therapists spent the majority of their sessions discussing a few factors in clinical settings that facilitate the inclusion of MBI as well as many barriers to MBI.

Participants discussed that when patients and their families go to people in authority and say how their therapy helped them accomplish meaningful goals, then administration supports the inclusion of MBI in the clinical setting. “I remember encouraging a patient who benefited from MBI to write her story. She did, and she ended up using it to testify to one of the state panels on health care in Texas. It was very powerful and it helped us gain support for MBI from our management – at least for a while. Based on response regarding factors facilitating MBI in practice settings, 78%

stated that the clients and their families' feedback to management was a facilitating factor, 19% believed that the clinical culture facilitated inclusion of MBI, and 4% stated that management supported them when they included MBI in the practice setting.

While therapists recognized the importance of discussion regarding meaningful occupation and roles with their clients, one stated that "You can better serve that client when you know what activities are meaningful to them – but its such a paradox, you can better serve the client and maybe make their treatment more effective – but you can't bill for it, it's just not valuable in the eyes of the system". Five percent of participants indicated that they believed a therapist's professional experience could be a barrier to MBI. One participant states "I think that MBI can be difficult for a new therapist because they don't have the protection or comfort of following protocol." Another therapist adds, "A new therapist comes out of school with knowledge of all of this client centered and meaning based focus- then they get out to the field and they are overwhelmed with all of the clinical expectations – they are honing their skills. They then put away the meaning piece because it doesn't fit within the paradigm of health care".

Twenty four percent of participants discussed the barrier of clinical culture including norms of practice like strength, coordination, range of motion, and cognition focus; whether their clinic was managed by an OT, physical therapists, nurse, or business manager; the facility's history of reimbursement denials; and therapists' lack of knowledge regarding appropriate documentation for MBI. The participants in the second focus group agreed, "It's a facility thing. Like for OTs that worked in nursing homes,

when they (third party payers) started denying reimbursement for so much of the therapy that we did to help patients be able to do the little things that were so important to them—like push the button on the remote to turn on the television, or to hold their own spoon — What did we do? Did we stand up for what we were doing because we knew it was important? — No, we shifted to the school system.”

Seventy percent of responses by participants identified reimbursement denials by third party payers, based on how a MBI session was documented, as the biggest barrier to inclusion of MBI in their treatment approach. One therapist states, “ MBI is not valued by third party payers — if you use your discussion with your patient as the basis of your evaluation and goal setting, as opposed to measuring and documenting shoulder function or something, you can’t bill for the assessment — it’s not valued.”

### *Conclusion*

Dunn, Brown, & McGuigan (1994), discuss a process of meeting client’s performance needs, in part by adapting context to enhance function. Participants of the focus groups identified the importance “of using just the right moment to match the task with the person’s expectations, and because of working in different contexts, you have to be aware of that (the context).”

Spencer, Krefting and Mattingly (1992), describe the use of ethnographic methods as being useful in assessing clients’ meaning of activity in context. In applying an inductive approach such as ethnography to OT assessment, OTs can better attain a holistic picture of clients’ meaningful experiences. This approach “is based on

knowledge that all aspects of a culture are important to an understanding of that culture” (Spencer, Krefting and Mattingly, 1992. p304). From this may be asserted, knowledge of all aspects of activity in context is important in the understanding the meaningfulness of an activity to the client. Interviewing clients with regard to meaning in context of the individual’s life experience changes the perspective from which OTs facilitate their clients progress in their therapeutic process. This changes the focus from goals outlined by the OT from which the client may choose, to goals which evolve by way of empathic interviewing leading to a broader understanding of activity in context of its meaning to the client, thus provides contextually improved understanding of the meaningfulness of an activity to the client. This approach allows for true meaning based goals and meaning based intervention. As Yerxa stated (1967 p 22), “Authentic OT is based upon a commitment to the client’s realization of his own particular meaning”.

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- 1) “How have you gone about doing/incorporating meaning based intervention (MBI) therapy/treatment plans and goal setting?”
- 2) What was your experience of this with regard to the following?
  - a. practice patterns of individual therapist
  - b. practice settings
  - c. clinical culture
  - d. documentation
  - e. productivity and time related issues
  - f. productivity demands and demands of third party payment groups
  - g. What are the benefits?
  - h. How is this important for the individual?
  - i. How is this important to you as an occupational therapist?
  - j. In what way is this important for the profession?

FOCUS: Meaning based intervention and its role in OT practice.

DEFINITIONS:

Meaning Based Intervention (MBI) - Is OT evaluation, goal setting, and treatment which is based on the client's personally meaningful occupation/s. Consideration given to changes over time and life circumstances. The process begins with collaboration between client, family and OT for the purpose of identifying and assessing meaningful occupation/s during the initial evaluation, goal setting based on priorities & abilities of the client, and treatment directed toward the client's goals.

Meaning Making - refers to an individual client's personal interpretation & creation of meanings based on the individual's daily life experiences. Past-Present-Future (changes over time and circumstances).

POSSIBLE LINES of DISCUSSION:

Qualities of MBI (Client Focus) vs. to Protocol Based Intervention (strength, endurance, mobility, ADL)

Congruence of Meanings - Client, Family, Therapist / goals and treatment

Clinical Considerations- Support for MBI - Barriers to MBI

## CHAPTER VI

### CONCLUSION

These three studies have examined ways that OTs come to recognize activities and occupations that are meaningful to clients and how OTs go about incorporating these occupations and activities into their practice. The first study entitled *Construction of Meaning through Daily Life Activity*, identified meaningful occupations for women who participated (Appendix A). These occupations included health maintenance, identity or self-development, security, relationships and role fulfillment which relate to the work of Kegan (1982) and Fowler (1981). When viewing this within the domain of OT (AOTA, 2002), these occupations fit within instrumental activities of daily living (IADL), work, and social participation performance areas of occupation. It is worth noting that the focus on women of different developmental stages in this study may have biased the findings since men were not included. The decision for the selection of women was based on a small number of participants as well as the work of various authors described in Chapter 2. Frankl (1959) conceptually describes meaning as an individualistic phenomenon that can be different at any given point in time, and is based on values and ideals of the individual. Although the configuration of ideals and values are different for each individual, Walberg (1969) identifies cohort differences in the values and interests of women that distinguish them from men. Though interests and values sometimes change dramatically throughout adolescence, they become fairly stable attributes of the

person in adulthood (Williams, 1987). While the values and interests of women are said to stabilize during adulthood, development continues throughout adulthood as the woman's roles and relationships change (Gilligan, 1982). Individual adult women at different life stages comprise a population through which construction of meaning can be examined.

The process of identifying or delineating these areas of meaningful occupations is highly dependent on context. For participants in study 1, this included cultural, social, personal and temporal contexts (AOTA, 2002). Based on the work of Frankl (1959), the method used to identify meaningful occupation in context was an interview using a semi structured guide (Appendix B) that encouraged participants to reflect on current and past meaningful experiences; decisions made, experiences that influenced these decisions, and what and why they might choose to make different decisions when reflecting on these experiences. Participants were also asked what they value most now and what they hope to experience or accomplish in the future.

Based on the methods used and the information gathered, the Client Centered Evaluation (CCE) (Appendix C). was developed for the purpose of helping OTs and their individual clients to first develop an occupational profile and then collaboratively identify personally meaningful OT goals for the client. The CCE was then used in the evaluation process of the second study entitled *Shaping the Goal Setting Process in Occupational Therapy: the Role of Meaningful Occupation*. Included here were concepts of loss or change in level of function, roles, relationships and responsibilities as described by Weenolson (1988).

Study two participants were OT clients at a skilled nursing unit (SNU). These participants were able to identify personally meaningful goals based on the CCE. All contexts identified in study one were also found in study two including cultural, social, personal and temporal. The noted difference was that in the second study, the physical context had strong synergistic influence with the participants' occupations. Physical context may have been of special focus for the participants of study two since they had all experienced a decline in health status which brought them to the SNU. The goals identified were related to activities of daily living (ADL), IADL, and social and leisure occupations.

During what can be described as the intervention process and intervention review, each participant assessed their progress toward personally set goals from their own perspective, and based on this the OT and the participant collaboratively either modified or discontinued goals which were considered unrealistic due to decline in health status. The outcome process was assessed after the client was discharged from the SNU. Most participants were able to achieve goals set, though some required modification of their goals and one participant discontinued a goal that she deemed unrealistic, (Appendix D).

The second study led to the idea of Meaning Based Intervention. Meaning Based Intervention (MBI) is defined as OT evaluation, goal setting, and treatment which are based on the client's personally meaningful occupation/s. Consideration is given to changes over time and life circumstances. The process begins with collaboration between client, family and OT for the purpose of identifying and assessing meaningful

occupation/s during the initial evaluation, goal setting based on priorities & abilities of the client, and treatment directed toward the client's goals. Life roles and domains, activities, relationships, and experiences are important areas for discovering individual meanings for clients. Client centered practice has been described as being necessary in assessing an individual client's personal needs, abilities, and situations to allow the client to identify personal therapy goals (Pollock, 1993; Tickle-Degnan, 2002; Melville, Baltic, Bettcher, & Nelson, 2002). The growing use of narratives allows therapists to explore these meanings in a clinical setting because it gives investigators in this setting, a way to explore client's explanations and descriptions in the client's local context (Miles & Huberman, 1994).

The third study in this line of research examined MBI from the perspective of OTs. Focus groups were used to identify factors that facilitate and barriers to inclusion of MBI in OT. MBI requires that the client actively participate in the evaluation and intervention process, and that intervention planning and implementation is based on clients' self identified goals (AOTA, 2002; Pollock, 1993 & Melville, 2002). Therapeutic use of self is an important component of this MBI since the therapist and client work together to help identify goals. This identification process requires the client's input regarding meaningful experiences and occupations and performance patterns as well as guidance by an OT in order to help identify factors and influences that fall within the domain of OT. This includes development of an occupational profile, assessment of activity demands and performance skills.

The OTs in these focus groups identified factors that they believe facilitate inclusion of MBI (Appendix E). Participants stated that they would be more likely to provide this type of service if their clients and family of clients expressed satisfaction with their OT treatment to managers or supervisors in their practice setting, and if their management supported the inclusion of MBI. A smaller proportion of participants stated that their clinical culture offered support for inclusion of MBI.

Barriers to inclusion of MBI (Appendix F) were discussed at length. Concern regarding reimbursement denials and acceptable documentation were described as the biggest barrier to inclusion of MBI. OTs discussed the time involved with collaborative goal setting and their ability to meet third party payers' requirements for reimbursement. The OTs perceive reimbursement denials as a major factor in gaining support of MBI by their management and this has had a lasting effect on clinical culture. Clinical practice offers access to clients who are facing meaning-related issues. Life roles and domains, activities, relationships, and experiences are important areas for discovering individual meanings for clients. Client centered practice has been described as being necessary in assessing an individual client's personal needs, abilities, and situations to allow the client to identify personal therapy goals (Pollock, 1993; Tickle-Degnan, 2002; Melville, Baltic, Bettcher, & Nelson, 2002). The growing use of narratives allows therapists to explore meanings that are a basis for client centered practice (Miles & Huberman, 1994). It is vital that through clinical practice, occupational therapists attend to these issues and

verify their understanding of expressed or implied meanings with the client (Burke, 1996; Clark et al, 1996; Peloquin, 1996; Trombly, 1995; and Wood, 1995).

The concern regarding adjustment to managed health care in OT settings also serves as a barrier to inclusion of MBI. OTs find that practice changes as a result of increased pressure to meet demands from third party payers have led to ethical concerns related to the importance of reimbursement vs. therapy goals for individual clients (Walker, 2000; Royeen, Duncan, Crabtree, Richards & Clark, 1999).

As a result there is an increase in the focus on changing clinical culture by educating future occupational therapist to effectively communicate the value of occupational therapy to affect understanding and change in corporate medicine (Walker, 2000). Participants also discussed thoughts that MBI requires experienced therapists since they found that it would require greater integration of knowledge of activity demands, client factors, performance skills and intervention approaches, as well as more advanced assessment of context and areas of occupation.

### *Trustworthiness of Findings*

Once tapes were transcribed and notations added, steps to improve trustworthiness of the findings for study one involved identification of content relevant to the research questions. This content was coded and organized into categories and themes. An audit trail was developed to allow examination by an external auditor familiar with qualitative research. Categories and themes from transcribed interviews was first analyzed for each of the four cases, and then for two follow-up cases analysis



included comparison of themes from the 1995 and 2002 interviews. Participants' personal interpretations during the follow-up interview related to selected content from interview one served as an opportunity for member checks. Peer debriefing with occupational therapists familiar with qualitative research were utilized to enhance dependability of the findings.

For the second study, analysis focused on the transcripts and dictated information gathered for the use of the Client Centered Evaluation, as well as on the demographic and descriptive data gathered through chart review. Four participants were selected for secondary analysis and selection was based on completeness of the data and on depth of information. The analysis process involved a review of all transcripts for content related to individual meaning-making through goal formulation, the role of the family and the meaning of caregiving, and goal achievement and barriers. Special focus on congruencies and discrepancies between the participant and therapist was made. Once transcribed, content was coded so that it could be organized into categories and themes. An audit trail was developed to allow examination by an external auditor. Peer review with administrative personnel from the Skilled Nursing Unit, OTs, health professionals and educators who are familiar with qualitative research and have in-depth knowledge of these data sets was utilized at various stages of analysis to increase trustworthiness.

Tapes from the focus groups of the third study were transcribed and analyzed for content, flow of discussion, and expressed views. Content was coded and organized into categories and themes. An audit trail was developed and peer debriefing with OTs

familiar with qualitative research was utilized for this study to enhance dependability of the findings.

### *Evolution of Line of Research*

I initially came to this line of research with interest in the incongruity between clients' OT treatment goals and their descriptions of meaningful activities from their past. Early in my doctoral program study I was interested in the influence of personal meaning of activity and occupation on the environmental push for mastery and the person's desire for mastery. The desire and push for mastery was identified in the theoretical framework of Occupational Adaptation (Schkade & Shultz, 1992; Schultz & Schkade, 1992). In an attempt to gain a better understanding of the role of personal meaning of activity and occupation, I began to study the work of Victor Frankl (1959) Man's Search for Meaning and Robert Kegan (1982) The Evolving Self: Problem and Process in Human Development. Through the process of interviewing study participants and analyzing their responses, my interest shifted from development of a construct of meaning to increasing understanding of how individuals create and interpret meaning in their lives through their daily life experiences. From this I developed interest in how people create meaning in their lives, and how they identify and describe that meaning. This interest led to the first study in this line of research entitled Construction of Meaning Through Daily Life Experience. Interview questions used in this study were based on the writings of Frankl (1959) and Kegan (1982), as well as insight gained from Csikszentmihalyi (1975) Beyond Boredom and Anxiety, Fowler's work (1981) Stages of Faith: The Psychology of

Human Development and the Quest for Meaning, and Weenolson (1988) Transcendence of loss over the lifespan.

The development of the Client Centered Evaluation (CCE) came from findings from the first study with women from the community. The CCE was then used in a study entitled “Outcomes of protocol-based and adaptation-based OT interventions for low-income elderly persons on a transitional unit” (Spencer et al., 1999). The second study in my line of research involved secondary analysis of the data from this study. An outcome of study two led to development of the concept of Meaning Based Intervention (MBI) which is defined as OT evaluation, goal setting, and treatment which is based on the client’s personally meaningful occupation/s. Consideration is given to changes over time and life circumstances. The process begins with collaboration between client, family and OT for the purpose of identifying and assessing meaningful occupation/s during the initial evaluation, goal setting based on priorities & abilities of the client, and treatment directed toward the client’s goals. The third study in this line of research entitled *Meaning Based Intervention in Occupational Therapy*, focused on inclusion of MBI in OT practice from the perspective of the OTs. In coming to understand the overall outcome and implications of this line of research, I was particularly influenced by the work of Nelson (1988), Spencer, Davidson and White (1996) and Yerxa (1967). Therefore, this line of research evolved from general themes derived from research regarding how individual women construct meaning through their daily life experiences, application of this information in the form of the CCE which was used in a clinical

setting with OT clients which led to development of the concept of MBI, and finally in a third study MBI was examined from the perspective of OTs with regard to barriers and factors that facilitate inclusion of MBI in practice settings and in occupational therapy in general.

My focus has been limited to my own experiences and understanding of the information shared by patients, study participants, occupational therapy educators, and occupational therapy practitioners. It is my belief that increasing understanding of the way individual's create and interpret meaning through their daily experiences; examining ways to include this knowledge in clinical practice, and exploring practitioners' views on the role that meaning making plays in patient care, will allow occupational therapists to better address the individual needs of the client.

### *Occupational Adaptation*

Within the theoretical framework of Occupational Adaptation (OA) the person systems involved include the sensorimotor, cognitive, and psychosocial systems. The occupational environment involves the physical, the social, and the cultural systems. An individual occupational response is generated through interaction between the person and the occupational environment (Schkade & Schultz, 1992; Schultz & Schkade, 1992).

With regard to fundamental components within the theoretical framework of OA as described by Spencer, Davidson and White (1995), the concepts regarding adaptation to change, based on personally meaningful occupations of OT clients are of particular interest (appendix G). These authors discuss the idea of adaptive repertoire based on the

future evolving from past experiences. These past experiences and the way in which they are remembered and evaluated from the perspective of the client, can be applied to new adaptive challenges that the client may be facing (appendix H). The process of adaptation is seen by these theorists as the environment, the person, and the interaction between the two. The environment serves as context for these past experiences which leads to development of an adaptive response. Contexts here include cultural, physical, and social contexts (appendix I). The person's perspective with regard to the occupational challenge and the adaptive response are seen in the way participants in the first and second studies describe their view of life experiences and related meanings. This serves as the personal context from which activities and occupations can be understood (appendices J & K). In these two studies, the spiritual and temporal contexts were also an important influence on how participants perceived meaningful activity and occupation.

The third study highlighted the idea that only in context, can activity or occupations have meaning to the individual client. This meaning in context can emerge through collaboration between therapist and client. For the development of an adaptive repertoire to occur, the individual must make meanings, so that adaptive responses can be made, evaluated, changed or incorporated over time (appendix H).

### *Future Research*

With regard to future research related to meaningful occupation, goal setting collaboration, and Meaning Based Intervention, an attempt to assess how men and

women are similar or different with regard to how they identify, create and express meaningful occupation based on past experience could be helpful. This information might allow therapists to establish more effective means to collaborative goal setting with men and women OT clients.

In addition to gender, an area not addressed in this line of research, but with the potential to have a favorable effect on clients' progress in therapy, is a focus on pediatric populations. It is commonly accepted by therapists working with children, that children at different developmental stages may require very different methods to help identify personally meaningful goals. Problems related to some children's ability to understand and respond to cause and effect situations, or to delay gratification would likely have great impact on the methods or approaches used to help children identify or collaborate with their therapist to develop personally meaningful goals.

For children who are unable to formulate goals, challenges, or communicate needs, further alteration in approach will be indicated. In these cases, therapist and researchers may rely on family-centered care (DeGrace, 2003). In these cases it is often a particular caregiver if not the entire family who has needs to be met based on their roles, responsibility and relationship with the OT client. As a result there may be times when the entire family becomes the OT "client." This idea leads us to contemplate a variety of approaches, methods and modes to address meaningful occupation, collaboratively set meaning goals, and examine ways Meaning to include Based Intervention in OT practice.

## *Significance to the Profession*

The original question of this line of research was based on perceived incongruence between OT client's treatment goals and their personal descriptions of meaningful activities from their past. The challenge for OTs is to identify and utilize strategies which can help them gain insight into their client's personally meaningful life experiences and incorporate this into the OT goal setting process. Along with helping clients achieve a desired level of occupational function, therapist must use their clinical skills and judgment to help clients identify the personally meaningful nature of past occupations, and how these past occupations may have changed over time as a result of the illness or injury which brings them to the OT treatment setting. OTs can play a unique role in helping clients make connections between meaningful roles, relationships, responsibilities and goals directed at engagement and desired meaningful occupation for the client.

The significance of this line of research is that it allows those in the profession to make better connections between life roles, meanings of activity, and how these meanings change over time and the goal setting process in OT practice. This line of work also has the potential to help us understand differing perspectives on those things which are meaningful from the perspective of clients and their therapists. It is expected that these studies will also help to increase awareness of barriers to inclusion of Meaning Based Intervention in OT settings.

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## APPENDIX A

### Meaningful Occupations Identified By Study 1 Participants

# Meaningful Occupations Identified by Study 1 Participants

Occupations	31 yrs old 1995	39 yrs old 2003	42 yrs old 1995	59 yrs old 1995	66 yrs old 2003	83 yrs old 1995
Health						
Personal	X	X		X	X	X
Others		X			X	
Identity/ Development	X	X	X	X		
Security						
Financial		X				X
Emotional			X			X
Relationships						
Family	X	X	X	X	X	X
Others			X	X		X
Role Fulfillment			X	X	X	

## APPENDIX B

### Initial Interview Guide

## Initial Interview Guide

- 1) Tell me about experiences that you have had in the past that are especially meaningful to you.
  - a) How did you decide to take that course of action?
  - b) What things/experiences influenced your decision?
  - c) What was meaningful/important about that?
  - d) If you could change that event/experience/decision, what would you change?
- 2) What do you value most in your life now?
- 3) What things do you hope to accomplish in the future?
- 4) Do you think different things were meaningful at different times in your life?
- 5) How does something become meaningful?
- 6) How did you come to see that event/activity/relationship as meaningful?
- 7) In what way is that event/activity/relationship meaningful?
- 8) In what way is that event/activity/relationship meaningful?

## APPENDIX C

### Client Centered Evaluation



- 1) What brought you to the hospital/facility? (explore client's perception of how events unfolded)
- 2) What are your concerns about that? (explore client's concerns about the impact of the illness, injury, disability on their life)
- 3) What kind of influence does this have on your ability to do things that are important to you? (explore valued performance areas, roles, activities, relationships)
- 4) What other things / activities / relationships are important / meaningful to you? (explore related values, interests, desires, expectations, level of enjoyment)
- 5) How have these things changed as a result of your illness /injury / disability? (explore positive or negative thoughts or feelings about the changes)
- 6) What are the things that you are / have been responsible for? (explore perceived demands and expectations, importance or meaning, level of enjoyment)
- 7) How have your responsibilities changed as a result of your illness, injury, disability? (explore client's view of changes, effects on client's life)
- 8)What kinds of things would you like to be able to do following treatment? (explore responsibilities, roles, activities, expectations regarding level of independence)
- 9) What kinds of things would you like to work on in treatment? (explore issues of restoration / adaptation, performance areas, components, contexts)

## APPENDIX D

### Meaningful Occupations Identified by Study 2 Participants: Past & Future Goals

# Meaningful Occupations Identified by Study 2 Participants: Past & Future Goals

Occupations	Eddy		Lena		Mary		Bill	
	Past	Future	Past	Future	Past	Future	Past	Future
Family Roles	ND	ND	X	O	X	XM	X	X
Friendships	X	XM	ND	ND	X	X	X	X
Spiritual								
Faith	X	X	X	X	X	X	ND	ND
Religion	X	XM	X	XM	ND	ND	ND	ND
Social Activity	X	XM	ND	X	X	X	X	X
Self Determination	X	X	X	XM	X	XM	ND	X

ND: Not discussed

O: No longer realistic

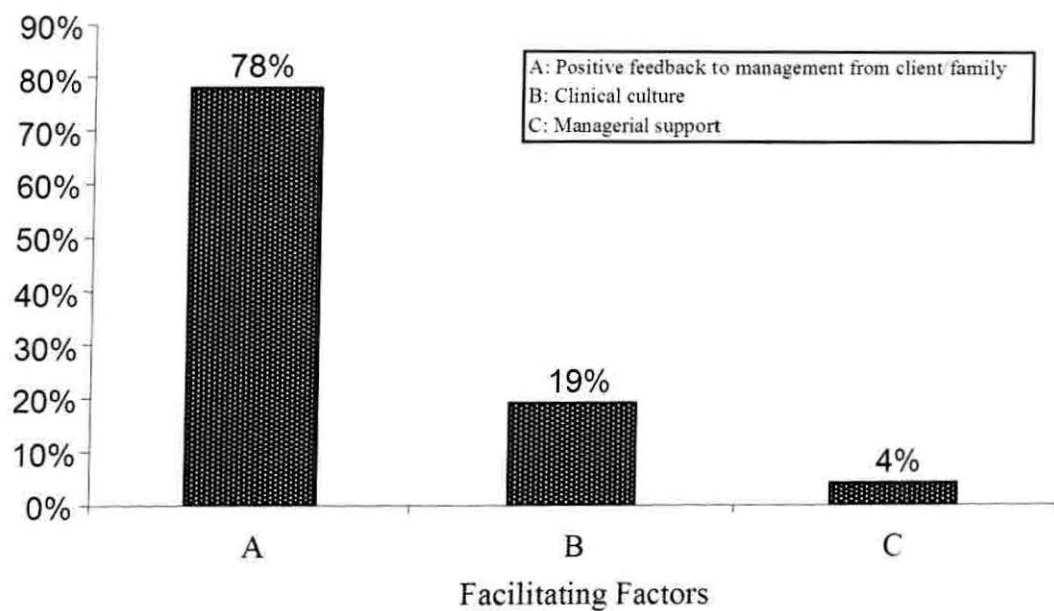
M: Modified

Future: Meaningful goals identified by patient

## APPENDIX E

### Facilitating Factors for Meaning Based Interventions

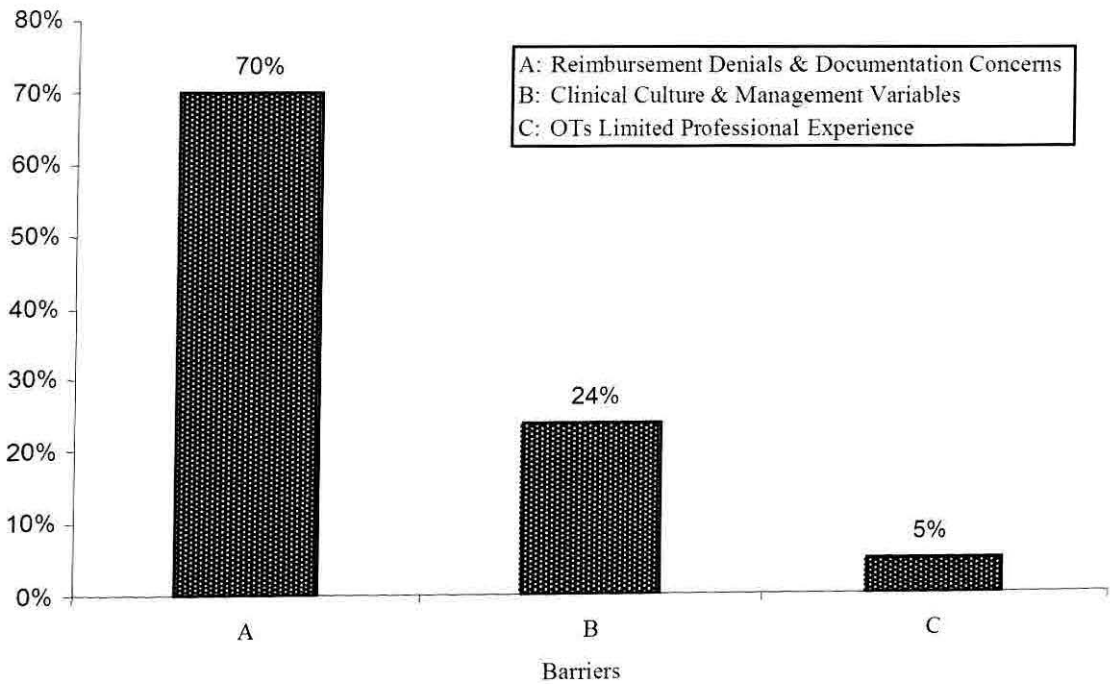
## Facilitating Factors for Meaning Based Interventions



## APPENDIX F

### Barriers to Inclusion of Meaning Based Intervention

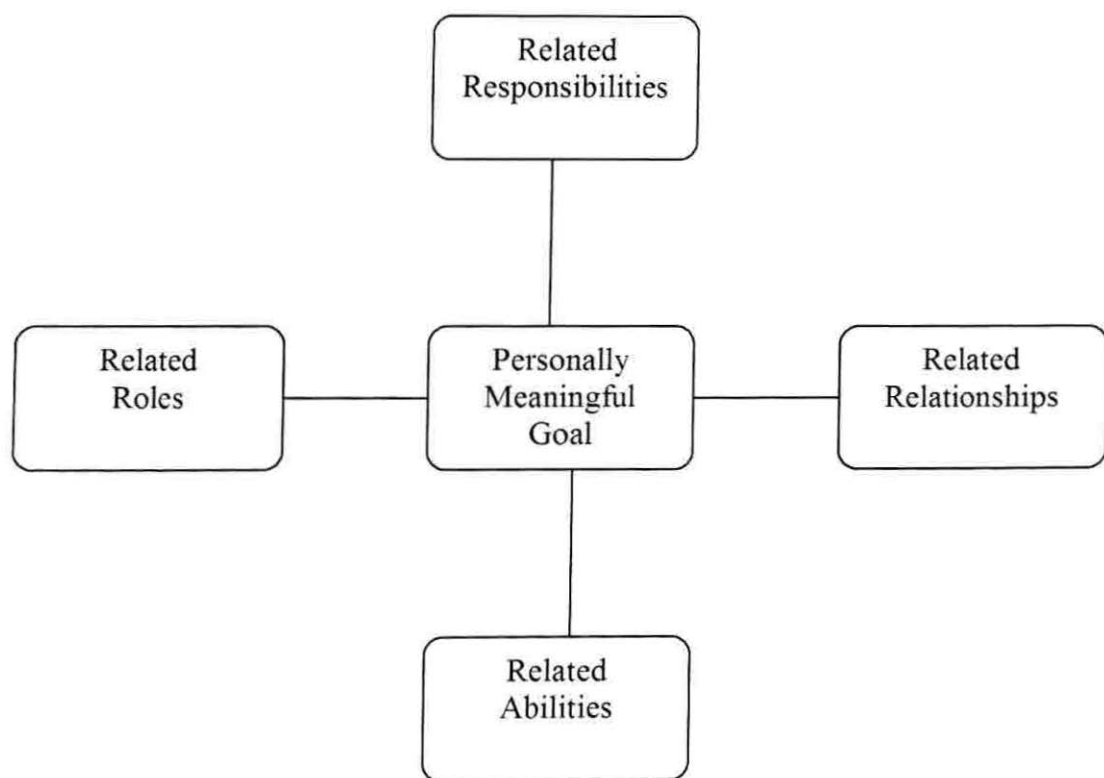
## Barriers to Inclusion of Meaning Based Intervention



## APPENDIX G

### Personally Meaningful Goals and Related Roles

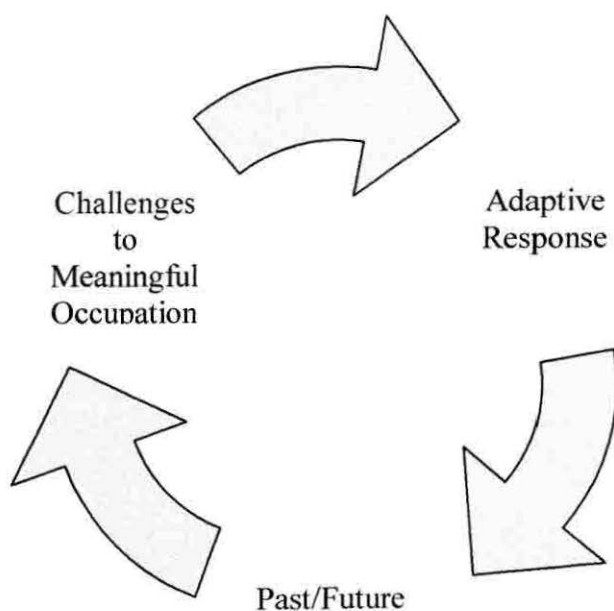




## APPENDIX H

### Occupational Adaptation and Meaning Based Intervention

## Occupational Adaptation and Meaning Based Intervention



## APPENDIX I

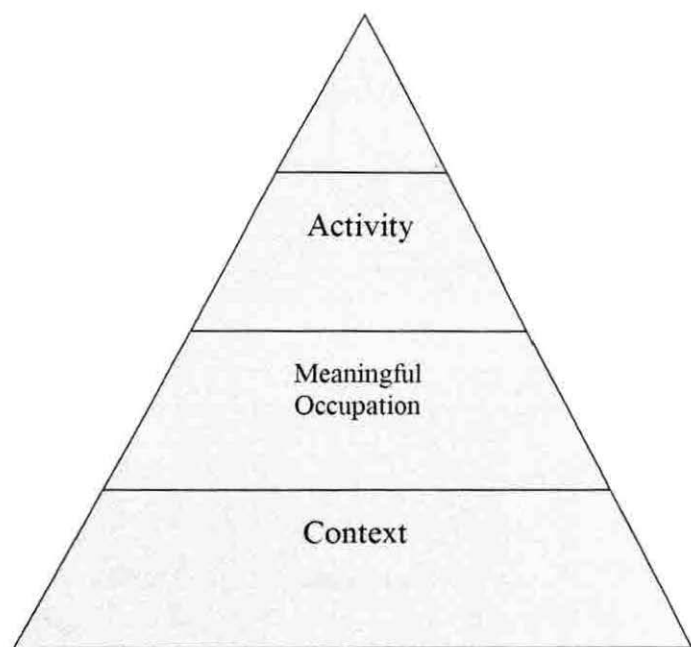
### Meaning Based Intervention Contexts

The process of identifying meaningful occupation is highly dependent on context

- Cultural
- Social
- Physical
- Personal
- Temporal

## APPENDIX J

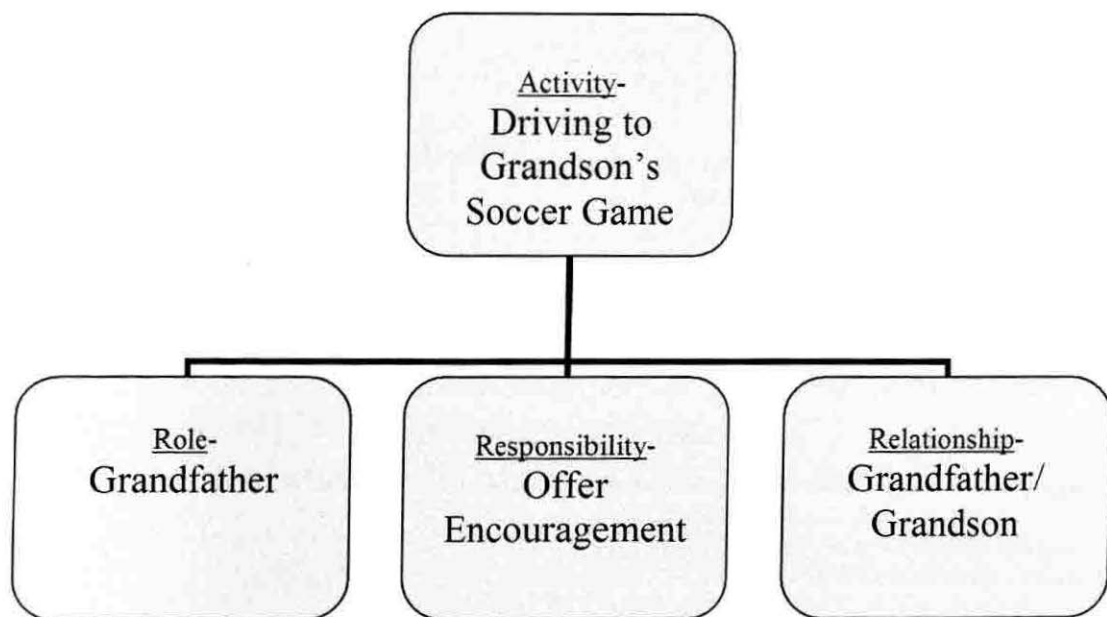
### Hierarchy of Activity, Meaningful Occupation, and Context



## APPENDIX K

### Example: Personally Meaningful Activity in Context





## APPENDIX L

### IRB Approval

# IRB Approval

## TEXAS WOMAN'S UNIVERSITY

DENTON DALLAS HOUSTON

### Institutional Review Board

1130 John Freeman Blvd., Houston, Texas 77030 713/794-2074

#### MEMORANDUM

TO: Jean Spencer  
Verna Eschenfelder

FROM: IRB

DATE: August 2, 2002

SUBJECT: IRB Application


Proposal Title: Individual meaning and its role in occupational therapy: part I

Your application to the IRB has been reviewed and approved.

This approval lasts for 1 year. The study may not continue after the approval period without additional IRB review and approval for continuation. It is your responsibility to assure that this study is not conducted beyond the expiration date.

Any changes in the study or informed consent procedure must receive review and approval prior to implementation unless the change is necessary for the safety of subjects. In addition, you must inform the IRB of adverse events encountered during the study or of any new and significant information that may impact a research participant's safety or willingness to continue in your study.

REMEMBER TO PROVIDE COPIES OF THE SIGNED INFORMED CONSENT TO THE OFFICE OF RESEARCH, MGJ 913 WHEN THE STUDY HAS BEEN COMPLETED. INCLUDE A LETTER PROVIDING THE NAME(S) OF THE RESEARCHER(S), THE FACULTY ADVISOR, AND THE TITLE OF THE STUDY. GRADUATION MAY BE BLOCKED UNLESS CONSENTS ARE RETURNED.


  
William P. Hanten  
Chairperson

INSTITUTIONAL REVIEW BOARD COMMITTEE  
Texas Woman's University – Houston Center  
1130 John Freeman Blvd., Houston, Texas 77030

---

**MEMO**

To: Graduate School  
ORGA  
Advisor  
Student's File

From: Gretchen Gemeinhardt, Ph.D.   
Chair, IRB

Date: April 4, 2005

This is to inform you that, as of March 31, 2005

Verna Eschenfelder

has placed on file with the Institutional Review Board Committee the signatures of the subjects who participated in her/his research. The signatures constitute evidence of informed consent of each subject has been filed. Her study has been completed.

**“Individual Meaning and Its Role In Occupational Therapy: Part 1”**

**TEXAS WOMAN'S UNIVERSITY**

DENTON DALLAS HOUSTON

**Institutional Review Board**

1130 John Freeman Blvd., Houston, Texas 77030 713/794-2074

**MEMORANDUM**

TO: Jean Spencer  
Verna Eschenfelder

FROM: IRB

DATE: August 2, 2002

SUBJECT: IRB Application

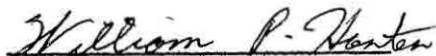
Proposal Title: Individual meaning and its role in occupational therapy: part III

Your application to the IRB has been reviewed and approved.

This approval lasts for 1 year. The study may not continue after the approval period without additional IRB review and approval for continuation. It is your responsibility to assure that this study is not conducted beyond the expiration date.

Any changes in the study or informed consent procedure must receive review and approval prior to implementation unless the change is necessary for the safety of subjects. In addition, you must inform the IRB of adverse events encountered during the study or of any new and significant information that may impact a research participant's safety or willingness to continue in your study.

**REMEMBER TO PROVIDE COPIES OF THE SIGNED INFORMED CONSENT TO THE OFFICE OF RESEARCH, MGJ 913 WHEN THE STUDY HAS BEEN COMPLETED. INCLUDE A LETTER PROVIDING THE NAME(S) OF THE RESEARCHER(S), THE FACULTY ADVISOR, AND THE TITLE OF THE STUDY. GRADUATION MAY BE BLOCKED UNLESS CONSENTS ARE RETURNED.**

  
William P. Hanten  
Chairperson

INSTITUTIONAL REVIEW BOARD COMMITTEE  
Texas Woman's University – Houston Center  
1130 John Freeman Blvd., Houston, Texas 77030

---

**MEMO**

To: Graduate School  
ORGA  
Advisor  
Student's File

From: Gretchen Gemeinhardt, Ph.D.  
Chair, IRB



Date: April 4, 2005

This is to inform you that, as of March 31, 2005

Verna Eschenfelder

SS# 463-43-4943

has placed on file with the Institutional Review Board Committee the signatures of the subjects who participated in her/his research. The signatures constitute evidence of informed consent of each subject has been filed. Her study has been completed.

**“Individual Meaning and Its Role In Occupational Therapy: Part 3”**

## APPENDIX M

### Consent Forms

## Consent Forms



TEXAS WOMAN'S  
UNIVERSITY

1901 - 2001 CENTENNIAL

School of Occupational Therapy  
1130 John Freeman Blvd.  
Houston, TX 77030-2897  
Phone: 713/794-2128  
Fax: 713/794-2122

### Consent to Serve as a Subject for Research and Investigation

#### Individual meaning and its role in occupational therapy: Part I

I authorize Verna Eschenfelder, MOT, OTR, to interview me about my views on my meaningful daily life experiences. I understand that the interview will be done at a mutually agreed upon time and that the interview will last approximately 1-2 hours. I understand that the interviews will be audiotaped and that the researcher may take notes during the interview. I understand that the purpose of this research is to increase the understanding of how women identify and create meaning in their daily lives. I understand that the information that I give will be used for educational and research purposes and that there are no direct benefits to me for participation.

I understand that there is a potential risk of loss of confidentiality and that my confidentiality will be protected by not using my name on any transcribed or written data or information and that confidentiality will be maintained through the use of code numbers and a pseudonym on all written and transcribed materials. I understand that tapes will be destroyed after the study is complete. I also understand that I may answer only those questions that I choose, and that I may withdraw my consent and discontinue participation at any time without intimidation or prejudice. There is also the risk that I may become fatigued or uncomfortable during the interview. If I feel discomfort or fatigue at any time during the interview, I am free to discontinue the interview.

If I have any questions or concerns about my rights as a subject, I may ask the researcher at any time during the interview. If I require further information about the study, I may contact Verna Eschenfelder at (832) 826-6147. I may also contact The Office of Research and Grants Administration at (940) 898-3375 for concerns or questions or to report a problem at any time.

An offer to answer all of my questions has been made. Descriptions of the possible attendant discomfort and risks reasonably expected have been discussed with me. I understand that I may stop taking part in the study at any time without penalty.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date





TEXAS WOMAN'S  
UNIVERSITY

**1901 - 2001 CENTENNIAL**

School of Occupational Therapy  
1130 John Freeman Blvd.  
Houston, TX 77030-2897  
Phone: 713/794-2128  
Fax: 713/794-2122

Texas Woman's University

Consent to Record

Individual meaning and its role in occupational therapy: Part I

I consent to the recording of my voice on audiotape by Verna Eschenfelder, MOT, OTR, acting under the authority of Texas Woman's University, for the purposes of the research project entitled "Individual meaning and its role in occupational therapy: Part I." I understand that the material recorded for this research will be destroyed at the end of the study.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

The above form was read, discussed and signed in my presence. In my opinion, the person signing said consent form did so freely and with full knowledge and understanding of its contents.

\_\_\_\_\_  
Verna Eschenfelder, MOT, OTR  
Authorized representative of the  
Texas Woman's University

\_\_\_\_\_  
Date



TEXAS WOMAN'S  
UNIVERSITY

1901 - 2001 CENTENNIAL

School of Occupational Therapy  
1130 John Freeman Blvd.  
Houston, TX 77030-2897  
Phone: 713/794-2128  
Fax: 713/794-2122

## Consent to Serve as a Subject for Research and Investigation

### Individual meaning and its role in occupational therapy: Part 3

I authorize Verna Eschenfelder, MOT, OTR, to include me in a focus group about occupational therapists' views on the role of individual meaning making on health care practice of occupational therapists. The focus group will be conducted at a mutually agreed upon time in a location that facilitates group interaction and allows for privacy. The focus group will last approximately 45-90 minutes. I understand that the discussion will be audiotaped using two tape recorders, and that a note-taker will be present to help clarify conflicting information from the two tape recorders. I understand that the purpose of this research is to increase the understanding of clinical considerations and barriers to inclusion of individual meaning making issues when providing therapy or treatment to clients. I understand that the information I give will be used for educational and research purposes and that there are no direct benefits to me for participation.

I understand that there is a potential risk of loss of confidentiality and that my confidentiality will be protected by not using my name on any transcribed or written data or information and that confidentiality will be maintained through the use of code numbers and a pseudonym on all written and transcribed materials. I understand that tapes and notes will be destroyed after the study is complete. There are also the risks that I may become fatigued or that I may become concerned about expressing personal thoughts or ideas about my professional practice in the presence of colleagues, co-workers, or supervisors during the focus group. I understand that I may answer only those questions that I choose, and that I may withdraw my consent and am free to discontinue participation in the study at any time without penalty.

If I have any questions or concerns about my rights as a subject, I may ask the researcher at any time during the interview. If I require further information about the study, I may contact Verna Eschenfelder at (832) 826-6147. I may also contact The Office of Research and Grants Administration at (940) 898-3375 for concerns or questions or to report a problem at any time.

An offer to answer all of my questions has been made. Descriptions of the possible attendant discomfort and risks reasonably expected have been discussed with me. I understand that I may stop taking part in the study at any time without penalty.

Participant's Signature

Date

## Consent Forms



TEXAS WOMAN'S  
UNIVERSITY

**1901 - 2001 CENTENNIAL**

School of Occupational Therapy  
1130 John Freeman Blvd.  
Houston, TX 77030-2897  
Phone: 713/794-2128  
Fax: 713/794-2122

Texas Woman's University

Consent to Record

Individual meaning and its role in occupational therapy: Part 3

We, the undersigned, do hereby consent to the recording of our voice by Verna Eschenfelder, MOT, OTR, acting on this date under the authority of Texas Woman's University. We understand that the material recorded for this research will be destroyed at the end of the study.

Signatures of Participants:

\_\_\_\_\_  
Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above form was read, discussed and signed in my presence. In my opinion, the person signing said consent form did so freely and with full knowledge and understanding of its contents.

\_\_\_\_\_  
Verna Eschenfelder, MOT, OTR  
Authorized representative of the  
Texas Woman's University

\_\_\_\_\_  
Date

## APPENDIX N

### Editor Correspondence

11/02/03

Ellen D. Taira, OTR/L, MPH  
Editor: Physical Therapy and Occupational Therapy in Geriatrics  
PO Box 630242, Bronx, NY, 10463

Dear Ellen,

I am submitting this article entitled *Shaping the Goal Setting Process in Occupational Therapy: The Role of Meaningful Occupation* to you for consideration of publication potential for Physical and Occupational Therapy in Geriatrics. I have included the signed Authorship Responsibility Form, an original copy of my manuscript along with title page and 3 copies of the manuscript with no identifying information.

I appreciate your help and consideration regarding this submission.

Sincerely,

Verna Eschenfelder OTR  
3522 Santa Rosa Lane  
Sugar Land, Texas 77478  
Email:  
[vxeschen@texaschildrenshospital.org](mailto:vxeschen@texaschildrenshospital.org)

11/02/03

Ellen D. Taira, OTR/L, MPH  
Editor: Physical Therapy and Occupational Therapy in Geriatrics  
PO Box 630242, Bronx, NY, 10463

Dear Ellen,

I have made revisions as suggested by you and the article reviewers. I have also included two discs and two hard copies. Please let me know if these revisions are sufficient and if I can be of further assistance.

With regard to:

**Overall Article** – The article has been printed on plain paper and is now less than 20 pages. The format has been modified to reflect the style of the APA 5<sup>th</sup> edition. I have attempted to clarify the relationship of this study as a secondary analysis of the findings of the original study.

**Abstract** – The statement of the purpose has been clarified. The reviewers concern regarding the statement “enhancement of OT intervention via overt connections...” has been modified for clarification.

**Introduction** – The text has been modified to follow a more logical progression.

**Background and significance** – This section has been reduced based on reviewer recommendation.

**Methods** – Instruments have been explained. The name “Mary Garcia” is a pseudonym. Procedures have been modified to clearly describe this secondary analysis.

**Results** – These sections have been more carefully delineated.

**Discussion** – data saturation has been more thoroughly addressed as a limitation.

Thank you for your assistance,

Verna Eschenfelder OTR  
3522 Santa Rosa Lane  
Sugar Land, Texas 77478  
Email:  
[veschen@texaschildrenshospital.org](mailto:veschen@texaschildrenshospital.org)

## Editor Correspondence

**Eschenfelder, Verna**

---

**From:** ellen taira [ellentaira@earthlink.net]

**Sent:** Tue 05/31/2005 05:08 PM

**To:** Eschenfelder, Verna

**Cc:**

**Subject:** manuscript

**Attachments:**

Verna

Your paper *Shaping the Goal Setting Process in OT: The Role of Meaningful Occupation*, is ready to go to press (Vol23 No4). In my final review I noted a paragraph on page 6 under Participants that I find confusing. In the third sentence *These participants* it is unclear to me whether this is a new admission or a re-evaluation of old data. I am sure a word or two would clarify. Might we say in the prior paragraph " Of these, four sets of client, family member, and therapist (were ) selected for the current secondary etc. Pls respond ASAP

Thanks

ellen taira, editor

ellen taira

[ellentaira@earthlink.net](mailto:ellentaira@earthlink.net)

Why Wait? Move to EarthLink.

## Editor Correspondence

03/19/05

Mary A. Corcoran PhD, OTR/L, FAOTA  
Editor: The American Journal of Occupational Therapy  
2901 Oak Shadow Drive  
Oak Hill VA 20171

Dear Mary,

I am submitting this article entitled *Meaning Based Intervention in Occupational Therapy* to you for consideration of publication potential for The American Journal of Occupational Therapy. I have included the signed Authorship Responsibility Form, an original copy of my manuscript along with title page and 3 copies of the manuscript with no identifying information.

I am not aware of your preferred method for acknowledging receipt of manuscripts, so I have included a self addressed stamped envelope that I would like for you to initial and return so that I can be sure that this got to you. If there is anything further that I can do to help with this process, please let me know.

Thank you in advance for your help and consideration regarding this submission.

Sincerely,

Verna Eschenfelder OTR  
3522 Santa Rosa Lane  
Sugar Land, Texas 77478  
Email:  
[vxeschen@texaschildrenshospital.org](mailto:vxeschen@texaschildrenshospital.org)



## Editor Correspondence

03/24/05

Mary A. Corcoran PhD, OTR/L, FAOTA  
Editor: The American Journal of Occupational Therapy  
2901 Oak Shadow Drive  
Oak Hill VA 20171

Dear Mary,

I am submitting this article entitled *Construction of Meaning Through Daily Life Experience* to you for consideration of publication potential for The American Journal of Occupational Therapy. I have included the signed Authorship Responsibility Form, an original copy of my manuscript along with title page and 3 copies of the manuscript with no identifying information.

I am not aware of your preferred method for acknowledging receipt of manuscripts, so I have included a self addressed stamped envelope that I would like for you to initial and return so that I can be sure that this got to you. If there is anything further that I can do to help with this process, please let me know.

I appreciate your help and consideration regarding this submission.

Sincerely,

Verna Eschenfelder OTR  
3522 Santa Rosa Lane  
Sugar Land, Texas 77478  
Email:  
[vxcschen@texaschildrenshospital.org](mailto:vxcschen@texaschildrenshospital.org)

## Editor Correspondence

To: Verna G. Eschenfelder

3522 Santa Rosa Lane

Sugar Land Tx 77478

Email: [vxeschen@texaschildrenshospital.org](mailto:vxeschen@texaschildrenshospital.org)

This letter serves as notice that the article entitled *Construction of Meaning Through Daily Life Experience* has been received by the editor, or editorial staff of The American Journal of Occupational Therapy.

MS#05-044



## Editor Correspondence

To: Verna G. Eschenfelder *VE*  
3522 Santa Rosa Lane  
Sugar Land Tx 77478  
Email: [vxeschen@texaschildrenshospital.org](mailto:vxeschen@texaschildrenshospital.org)

This letter serves as notice that the article entitled *Meaning Based Intervention in Occupational* has been received by the editor, or editorial staff of The American Journal of Occupational Therapy.

MS# 05-043

*JH Concannon*

*We usually  
communicate  
via email*